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DIVISION OF CORPORATION

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RECEIVED

LIMITED LIABILITY COMPANY

Whiteside Properties, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

03 AUG -6 AM 9:28
STATE OF FLORIDA
DIVISION OF CORPORATION

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**ARTICLES OF ORGANIZATION
OF
WHITESIDE PROPERTIES, LLC
a Florida limited liability company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida does set forth the following:

1. NAME. The name of the limited liability company is Whiteside Properties, LLC (the "Company").
2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address of the principal office of the Company is: 2953 Medinah, Weston, Florida 33332.
3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization are: Robert Wallace, 2953 Medinah, Weston, Florida 33332.

The undersigned has executed these Articles of Organization on the 6th day of August, 2003.

WHITESIDE PROPERTIES, LLC

By: Robert Wallace
Robert Wallace
Authorized Representative

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STATE
TALLAHASSEE, FLORIDA

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**CERTIFICATION OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Whiteside Properties, LLC.
2. The name and address of the registered agent and office is:

Robert Wallace
2953 Medinah
Weston, Florida 33332

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in its capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Robert Wallace
Robert Wallace

8/6/03
(Date)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA