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| (Requestor's Name) | | |
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| (Address) | | |
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| (Address) | | |
| | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| | | |
| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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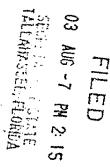
Office Use Only



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| Requester's Name | and | |
|--|--|--|
| Address City/State/Zip Phone # | Office Use Only | |
| CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): | | |
| 1. Corporation Name) | Party (Document #) | |
| 2(Corporation Name) | (Document #) | |
| 3. (Corporation Name) | (Document #) | |
| 4. (Corporation Name) | (Document #) | |
| Walk in Pick up time | Certified Copy | |
| Mail out Will wait | Photocopy Certificate of Status | |
| NEW FILINGS Profit Not for Profit Limited Liability Domestication Other | AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger | |
| OTHER FILINGS | REGISTRATION/QUALIFICATION | |
| Annual Report Fictitious Name | Foreign Limited Partnership Reinstatement Trademark Other | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name

The name of the Limited Liability Company is:

THE WHITE PARTY, LLC

ARTICLE II - Address

The mailing address and the street address of the principal office of the Limited Liability Company is:

300 South Orange Avenue Suite 1000 Orlando, Florida 32801

ARTICLE III - Registered Agent and Office and Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Brian M. Jones, Esq. 300 S. Orange Ave., Suite 1000 Orlando, FL 32801

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 this 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 as provided for in Chapter 608, Florida Statutes.

(Registered Agent's Signature)

Signature of authorized representative of a member

(In accordance with section 608,408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Brian M. Jones, Authorized Representative

(Typed or printed name of signee)