

FROM :

FROM : ELECTION DIVISION

FROM NO : 8504735642

DATE : 11/20/04 03:03 PM P1

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Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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04 OCT 12 AM 7:38

DIVISION OF CORPORATION

To: Division of Corporations
Fax Number : (850)205-0393

From: Account Name : CLARION VENTURES, INC.
Account Number : 120030000026
Phone : (623)465-8636
Fax Number : (623)465-8640

LIMITED LIABILITY COMPANY

White Dunes Properties LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing

Public Access Info

SECRET
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DATE 11/20/04 BY 60324

04 OCT 12 AM 8:46

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FROM :

FAX NO. : 8504785642

Oct. 11 2004 05:03AM P2

10/11/04 17:52 FAX 423 755 1883

UNUM PROVIDENT 5 SOUTH

001

11040002028343

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

White Dunes Properties LLC

ARTICLE II - Address:

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

Principal Office Address:

9725 Shadow Wood Drive

Pensacola Florida, 32514

Mailing Address:

9725 Shadow Wood Drive

Pensacola Florida, 32514

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Mark W. Wise

Name

9725 Shadow Wood Drive

Florida street address (P.O. Box NOT acceptable)

Pensacola,

FLORIDA 32514

City, State, and Zip

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..

Mark W. Wise

Registered Agent's Signature

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04 OCT 12 AM 8:45
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FROM :

FAX NO. : 8504785642

Oct. 11 2004 05:04AM P3

10/11/04 17:53 FAX 423 755 1883

LNLM PROVIDENT 5 SOUTH

002

14040002028343

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

James W. Sabourin

200 Princess Trail

Lookout Mountain Georgia, 30750

MGRM

Mark W. Wise

9725 Shadow Wood Drive

Pensacola Florida, 32514

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Mark W. Wise
Signature of a member or an authorized representative of a member.

(In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MARK W. WISE

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 OCT 12 AM 8:46

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