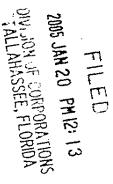
L0500000 6093

(Requestor's Name)	<u>_</u>
(Address)	
	·
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Basiless Ellis) Halley	
(Document Number)	<u> </u>
Certified Copies Certificates of Statu	s
Special Instructions to Filing Officer:	<u></u>
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Office Use Only



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CORPORATION SERVICE COMPANY

ACCOUNT NO DIRECTORDOUSE	ACCOUNT	NO.	:	072100000032
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REFERENCE: 045788

EXAMINER'S INITIALS:

COST LIMIT :

\$ 125.00

ORDER DATE: December 1, 2004

ORDER TIME : 8:39 AM

ORDER NO. : 045788-005

CUSTOMER NO: 7175508

CUSTOMER: Jeannette M. Ferguson

Levenfeld Pearlstein, Llc

Suite 1300

2 North Lasalle St. Chicago, IL 60602

NAME:

WHITE TARPON A&B, LLC

EFFECTIVE DATE:

	ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNER ARTICLES OF ORGANIZATION	RSHIP
PLEASE	RETURN THE FOLLOWING AS PROOF	OF FILING:
xx	CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
<u> </u>	PERSON: Susie Knight - EXT.	2956

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTI	CLE	I - N	ame:
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The name of the Limited Liability Company is:

WHITE TARPON A & B, LLC

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:		
231 MARGARET ST.	231 MARGARET ST.		
KEY WEST, FL 33040	KEY WEST, FL 33040		

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

		Name	_
231	MARGARET	ST.	
	Florida stre	et address (P.O. Box NOT accer	table)
KEY	WEST	FLORIDA	33040
		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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Manager and address of each Manager	er or Managing Member is as follows:	50
<u>Title:</u> "MGR" ≈ Manager "MGRM" = Managing Member	Name and Address:	ALLAHASSEE,
MGRM	SMITHBURG, INC.	•
	231 MARGARET ST.	
	KEY WEST, FL 33040	
	,	
		<u> </u>
(Use attachment if necessary)		. ;-
1		
NOTE: An additional article must	be added if an effective date is requeste	d.
REQUIRED SIGNATURE: Signature of a member or al	a authorized representative of a member.	
(In accordance with section 6	i08.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury	

Filing Fees:

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent

- S 30.00 Certified Copy (Optional)
 S 5.00 Certificate of Status (Optional)

By: URBAN EUGENE SMITH, PRESIDENT, SMITHBURG, INC. Typed or printed name of signee