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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : CLARION VENTURES, INC.
Account Number : I20030000026
Phone : (623)465-8636
Fax Number : (623)465-8640

LIMITED LIABILITY COMPANY

White Sands Cove LLC

Certificate of Status	0
Certified Copy	0
Page Count	3 01
Estimated Charge	\$125.00

RECEIVED
05 MAR -7 AM 8:17
DIVISION OF CORPORATION

FILED
2005 MAR -7 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WR 03/08/05

[Empty rectangular boxes for additional information]

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

White Sands Cove LLC

ARTICLE II - Address:

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

Principal Office Address:

5489 White Sands Cove
Lake Worth Florida, 33467

Mailing Address:

5489 White Sands Cove
Lake Worth Florida, 33467

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

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

John D. Marino
Name

5489 White Sands Cove
Florida street address (P.O. Box **NOT** acceptable)

Lake Worth, FLORIDA 33467
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

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

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

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGRM</u>	<u>John D. Marino</u>
	<u>5489 White Sands Cove</u>
	<u>Lake Worth Florida., 33467</u>
<u>MGRM</u>	<u>Susan M. Marino</u>
	<u>5489 White Sands Cove</u>
	<u>Lake Worth Florida, 33467</u>

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



 Signature of a member or an 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.)

John D. Marino

 Typed or printed name of signer

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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)

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