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| (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                    |           |   |
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| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Re                     | equestor's Name)   |           | _ |
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| Certified Copies Certificates of Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |                    |           |   |
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| Special Instructions to Filing Officer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |                    |           |   |
| Special instructions to Filing Officer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         | Fill - Off         |           | ٦ |
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Jason J. McDonell 2407 Parker Avenue West Palm Beach, FL 33401

September 9, 2005

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Florida 32314

Re: Sea Glass Design, LLC

### Gentlemen:

Enclosed are the original Articles of Organization of the captioned proposed Limited Liability Company. Please file the original and return a certified copy of record.

A check in the amount of \$155.00 is enclosed to cover the \$100.00 filing fee, the \$25.00 Registered Agent fee, and the \$30.00 fee for the certified copy.

Sincerely,

Jason J. McDonell

Enclosure

## ARTICLES OF ORGANIZATION OF SEA GLASS DESIGN, LLC

A Florida Limited Liability Company

The undersigned hereby acknowledges these Articles of Organization for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, Chapter 608, Laws of Florida.

ARTICLE I Name

The name of the Limited Liability Company is SEA GLASS DESIGN, LLC.

ARTICLE II
Address

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

2407 Parker Avenue West Palm Beach, FL 33401

ARTICLE III
Registered Agent and Registered Office

The name and the Florida street address of the Registered Agent are:

Jason J. McDonell 2407 Parker Avenue West Palm Beach, FL 33401

ARTICLE IV Management

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The initial Manager of the Limited Liability Company is Jason J. McDonell.

# ARTICLE V Commencement

The Limited Liability Company shall commence its existence upon filing with the Secretary of State of the State of Florida.

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.

Date:

9/9/05

Jason J. McDonell, Manager

### CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

That SEA GLASS DESIGN, LLC, desiring to organize under the laws of the State of Florida, has named Jason J. McDonell, located at the Registered Office of the Limited Liability Company at 2407 Parker Avenue, West Palm Beach, Florida 33401, as its Registered Agent to accept service of process within this state.

#### ACKNOWLEDGMENT:

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, F.S.

Jason J. McDonell, Registered Agent

SECRETARY OF STATE DIVISION OF CORPORATIONS