

LD6000010239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

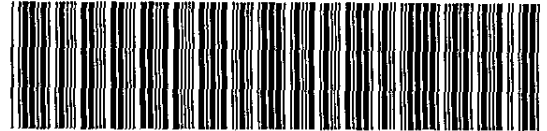
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800064278948

01/24/06--01035--016 **125.00

FILED
06 JAN 24 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BRIAN J. WELKE
ATTORNEY AT LAW
531 NORTH BAY STREET
EUSTIS, FLORIDA 32726

*Licensed to Practice in
Florida and Missouri*

*Telephone: (352) 357-0400
Facsimile: (352) 357-9950*

January 20, 2006

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

Re: Aruba Investments, LLC

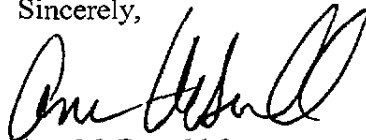
Dear Sir or Madam:

Enclosed please find the Articles of Organization, the Operating Agreement, and a check in the amount of \$125.00 for filing fee and designation of registered agent, in connection with the above-referenced matter.

If you have any questions, Please call (352) 357-0400.

Thank you for your attention in this matter.

Sincerely,



Ana McDonald for
BRIAN J. WELKE, ESQUIRE

BW/am
Enclosures

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1

The name of the Limited Liability Company is:

ARUBA INVESTMENTS, LLC

ARTICLE II

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

Principal Office Address:

Jaret Whitney
18610 U.S. Hwy. 441
Mount Dora, Florida 32757

Mailing Address:

Same

ARTICLE III

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

Brian J. Welke

Name

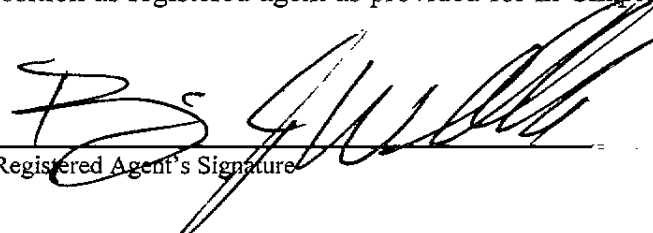
531 North Bay Street

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

Eustis, Florida 32726

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

FILED
06 JAN 24 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV

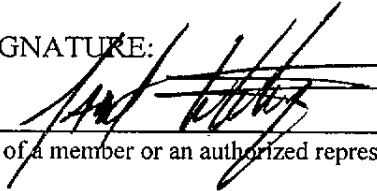
The name and address of each Manager or Managing Member is as follows:

Title: _____ Name and Address:
"MGR" = Manager
"MGRM" = Managing Member

MGRM Jaret Whitney
18610 U.S. Hwy. 441
Mount Dora, Florida 32757

(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.)

Jaret Whitney

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)

FILED
06 JAN 24 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA