

07000070207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

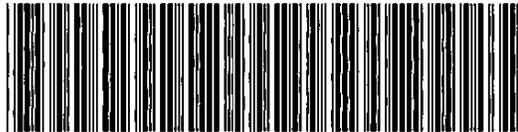
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07-70207
OK

Corporate direct
Creating Your Financial Future.®

2248 Meridian Boulevard, Suite H
Minden, Nevada 89423

775-782-2201 - Main
877-883-9343 - Main -Toll Free
775-328-1090 - FAX
775-284-7165 - Darla Direct

June 29, 2007

Florida Secretary of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Fleur de Lis Properties, LLC

Dear Clerk:

Enclosed for filing please find the Articles of Organization for the above-referenced entity along with our check in the amount of \$130.00 for filing fees. Once filed, please return to me in the envelope that has been provided.

Thank you for your assistance with this filing. Should you have any questions, please don't hesitate to contact me.

Sincerely,



Darla Shields,
Account Representative

/ds
Encl.

2007 JUL -3 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FL 32314
5014 1130

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Fleur de Lis Properties, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Darla Shields

(Name of Person)

Corporate Direct, Inc.

(Firm/Company)

2248 Meridian Boulevard, Suite H

(Address)

Minden, Nevada 89423

(City/State and Zip Code)

For further information concerning this matter, please call:

Darla Shields at (**800**) **600-1760**
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLeur de Lis Properties, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "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:

60 East Simpson Avenue
Jackson, WY 83001

PO Box 2869
Jackson, WY 83001

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Gerri Detweiler

Name

1037 Greystone Lane

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

Sarasota, FL 34232

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, F.S..

Gerri Detweiler

Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA

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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Manager

Sand Dollar Investments, LLC

PO Box 2869, 60 East Simpson Avenue

Jackson, WY 83001

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Darla Shields, Organizer
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.)

Darla Shields, Organizer
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA