

L100000098931

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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10 SEP 22 PM 4:15

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 SEP 22 PM 4:55

B. KOHR

SEP 23 2010

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 516361 4353585
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP 22 PM 4:55

ORDER DATE : September 21, 2010

ORDER TIME : 2:51 PM

ORDER NO. : 516361-010

CUSTOMER NO: 4353585

DOMESTIC AMENDMENT FILING

NAME: PRIVATE ISLAND GROUP LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young -- EXT# 2962

EXAMINER'S INITIALS: _____

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

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FIRST: The name of the limited liability company is:
Private Island Group LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

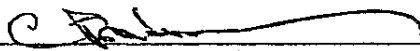
Name of Registered Agent is incorrect, She was previously married and recently
changed her name to Christina Freedman

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: September 22 2010



Signature of a member or authorized representative of a member

Christina Freedman

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Private Island Group 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:

800 West Ave

Suite 302

Miami Beach FL 33139

Mailing Address:

800 West Ave

Suite 302

Miami Beach, FL 33139

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:

Christina Bates

Name

800 West Ave

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

Miami Beach

FL 33139

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..

BY:

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP 21 PM 4:55

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:

MGRM

Christina Bates

800 West Avenue

Miami Beach, FL 33139

(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:



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.)

Christina Bates

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)