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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

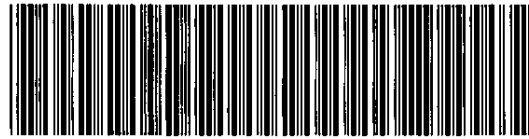
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11 MAY 26 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 27 2011

EXAMINER



ROSSWAY MOORE
TAYLOR & SWAN

ATTORNEYS AND COUNSELORS AT LAW

KEVIN M. BARRY ***
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THOMAS W. TIERNEY **

* ALSO ADMITTED IN THE DISTRICT OF COLUMBIA
** ALSO ADMITTED IN CALIFORNIA
*** ALSO ADMITTED IN MASSACHUSETTS & NEW YORK

THE MODERN ONE BUILDING
2101 INDIAN RIVER BOULEVARD, SUITE 200
VERO BEACH, FLORIDA 32960
TELEPHONE: 772-231-4440 FACSIMILE: 772-231-4430
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EDWARD P. SWAN, OF COUNSEL

May 25, 2011

Secretary of State
State of Florida
Division of Corporations
Florida Department of State
409 East Gaines Street
Tallahassee, Florida 32399

RE: Aron, L.L.C.

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11 MAY 26 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ladies and Gentlemen:

In regard to the above, please find enclosed the Articles of Organization for Aron, L.L.C., for filing with the Secretary of State's Office.

Our client's check in the amount of \$125.00 is also enclosed to cover your filing fee and the Registered Agent Designation fee for the new entity.

Thank you for your assistance and for sending your Certificate of Filing to this office in the enclosed, pre-prepared return envelope.

Sincerely,

Kevin M. Barry

KMB:sms\F:\Barry\Corporate\Wabasso Holdings\FL Dept State-Ltr.doc

Encs.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARON, L.L.C.

(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:

3505 OCEAN DRIVE
VERO BEACH, FLORIDA 32963

Mailing Address:

3505 OCEAN DRIVE
VERO BEACH, FLORIDA 32963

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:

KEVIN M. BARRY

Name

2101 INDIAN RIVER BOULEVARD, SUITE 200

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

VERO BEACH, FL 32960

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

WABASSO HOLDINGS, LLC

3505 OCEAN DRIVE

VERO BEACH, FLORIDA 32963

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TALLAHASSEE, FLORIDA

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

John E. Taylor

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)