Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To;		ORE AH.
	Division of Corporations Fax Number : (850)617-6383	P21 / TARY O ASSEE.
From:		TES TE
	Account Name : FRANK H. FEE, III, ESQUIRE Account Number : I19990000154	6 2 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
	Phone : (772) 461-5020	90 H

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO. TREASURE HARBOUR INVESTMENTS, LLC

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: TREASURE HARBOUR INVESTMENTS, 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:

<u>FRANK H. FEE, III, ESQ</u>	UIRE	
FEE, DeROSS & FEE, P.	Name of Person	SECR
	Firm/Company	-
426 Avenue A	S.S.E.E.	RYO
	Address	Fis :
Fort Pierce, FL 34950	R R	IAI C
Ci	ty/State and Zip Code	•
lindsay14@silverstar.com		
E-mail address: (10 be used	for future annual report notification)	
For further information concerning this matter, pleas	e call:	
FRANK H. FEE, III, ESQ.	at (772) 461-5020	
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times\$ S130.00 Filing Fee \$\times\$ Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	s &
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courter Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TREASURE HARBOUR INVESTMENTS, 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 A	ddress:	Mailing Address:			
c/o Frank H. Fee, III 426 Avenue A	, Esquire	P.O. Box 223 Driggs, Idaho 83422			
Fort Pierce, Florida	34950				
(The Limited Liability Conbusiness entity with an action The name and the F	inpany counct serve as its of the Florida registration.)	Name	dual or anoller SECRETARY O	2811 SEP 21 AM	
	Florida	street address (P.O. Box NOT acceptable)	PR X	သ္	AND GA
F	Fort Pierce	_{FL} 34950		5	
		City, State, and Zip			
		t and to accept service of process for the a ated in this certificate, I hereby accept the			t

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)

Page 1 of 2

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<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Membe	r
MGRM	STEPHEN M. PHILLIPS
	P.O, Box 223
	Driggs, Idaho 83422
	SE SE
	SEP 2
	SERY 21
	The state of the s
-	— <i>(</i>)
	@ &:
	<u> </u>
(Use attachment if necessary)	
CLE V: Effective date, if other the	nan the date of filing:, (OPTIONAL)
	nust be specific and cannot be more than five business days pri
0 days after the date of filing.)	·
REQUIRED SIGNATURE:	
ILLOCHED DIGITALIONES.	

(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.)

FRANK H. FEE, III, ESQ., Authorized Representative

Typed or printed name of signee

Filing Pees:

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

ARTICLE IV- Manager(s) or Managing Member(s);

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)