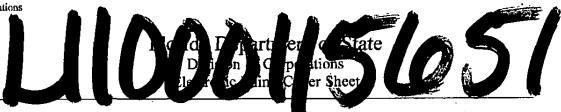
Division of Corporations



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.

(((HI10002428973)))



H110002428973ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WHWW, INC.
Account Number : I20060000124
Phone : (407)246-6584
Pax Number : (407)645-3728

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

Email Address: glipson@whww.com

FLORIDA LIMITED LIABILITY CO.

ISLAND LIFE GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	. \$125.00

D. BRUCE

OCT 10 2011

Electronic Filing Menu

Corporate Filing Menu

EXAMINER

10/7/2011 9:19:59 AM PAGE 1/002 Fax Server

RECEIVED

SICKEDARY OF STATE

TALLAHASSEE. FLORIDA

SUBJECT: ISLAND LIFE, LLC

REF: W11000051751

H DCT -7 PM 31: 01

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is T02000000281.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

850-617-6381

10/7/2011 9:19:59 AM PAGE 2/002 Fax Server

Deborah Bruce Regulatory Specialist II

FAX Aud. #: H11000242897 Letter Number: 611A00023086

11 OCT -7 PH JL: 91

H11000242897 3

Articles of Organization of Island Life Group, LLC

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I — Name:

The name of the limited liability company is: Island Life Group, LLC.

ARTICLE II — Address:

The initial mailing address and street address of the principal office of the limited liability company is: 2085 AIA South, Suite 201, St. Augustine, Florida 32080.

Article III -- Registered Agent and Registered Office:

The name and the Florida street address of the initial registered agent of the limited liability company are: Gary D. Lipson, 390 North Orange Avenue, Suite 1500, Orlando, Florida 32801.

Article IV — Management:

The limited liability company is to be managed by a manager or managers and therefore, a manager-managed company.

Article V - Indemnification:

This limited liability company shall indemnify and hold harmless its managers, directors, officers, employees, attorneys and agents to the fullest extent permitted by law.

CO

H11000242897 3

IN WITNESS WHEREOF, the undersigned, as an authorized representative of a member, has signed and acknowledged these Articles of Organization on October 7, 2011.

Garago. Lipson,

as Authorized Representative

Statement Accepting Appointment as Registered Agent

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in the statement. 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 under Chapter 608, Florida Statutes.

. Lipson

11 OCT -7 PM 31. 81.
JEORETARY OF STATE
TALLAHASSEE, FLORIDA