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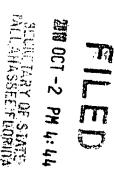
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D. SRUCE D. SRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: White Shores Sandals Gifts & Gallery 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:

Groyjai Hill.	
Name of Person	
White Shores Sandals Gifts & Gallery LLC Firm/Company	
942 Segway Dr.	
Address Address	
Fort Pierce, FL 34949	77
Fort Pierce, FL 34949 City/State and Zip Code White shores sandals @ gmail. com E-mail address: (to boused for future annual report notification)	Parame
E-mail address: (to boused for future annual report notification)	
For further information concerning this matter, please call:	
Groyjai Hill at (772) 985-4959 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certified Copy Certified Copy	

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

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
White Shores Sandals Gifts (Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
942 Seaway Dr. Ft. Pierce, FL 34949	942 Seaway Dr. Ft. Pierce, FL 34949
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ed Agent. You must designate an individual or another
The name and the Florida street address of the reg	
Groyjai Hill	77 . B2
Name	
942 Segway Dr.	00 T
Florida street addre	ess (P.O. Box NOT acceptable)
942 Seqway Dr. Florida street addres F4. Pierce City, State	FL 34949
City, State	, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity all statutes relating to the proper and complete	ecept service of process for the above stated limited is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S
Grayo A	iee
Registered Agent's Signatur	re (REQUIRED)

Page 1 of 2

(CONTINUED)

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managi	· · · · · · · · · · · · · · · · · · ·
MGR	Groyjai Hill 942, Seaway Dr. Ft. Pierce, FL 34949
(Use attachment if n	ecessary)
ICLE V: Effective dat n effective date is liste	e, if other than the date of filing: <u>Jan. 1,20/4</u> . (OPTIONAL) od, the date must be specific and cannot be more than five business
ICLE V: Effective dat n effective date is liste	e, if other than the date of filing: <u>Jan. 1,2014</u> . (OPTIONAL ed, the date must be specific and cannot be more than five businesse date of filing.)
TICLE V: Effective dat n effective date is lister to or 90 days after the REQUIRED SIGN	e, if other than the date of filing: <u>Jan. 1,2014</u> . (OPTIONAL ed, the date must be specific and cannot be more than five businesse date of filing.)

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)