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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
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From:  
Account Name : SUPERBIZ.COM, INC.  
Account Number : I20070000160  
Phone : (800)494-3124  
Fax Number : (305)675-2811

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

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**FLORIDA LIMITED LIABILITY CO.  
Sands Property Holdings LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I NAME**

The name of the Limited Liability Company is:

SANDS PROPERTY HOLDINGS LLC

**ARTICLE II ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

34A OAK HILL

WOLVERHAMPTON

WV3 9AA

UNITED KINGDOM

**ARTICLE III REGISTERED AGENT**

The name and the Florida street address of the registered agent are:

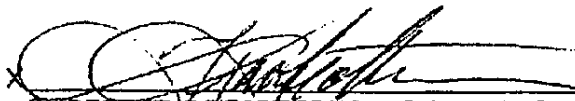
SUPERBIZ REGISTERED AGENT, INC.

2761 VISTA PARKWAY, STE E4

WEST PALM BEACH, FLORIDA 33411

*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 605, F.S.*

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SUPERBIZ REGISTERED AGENT, INC. / Registered Agent's signature

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PAGE 2 SANDS PROPERTY HOLDINGS LLC

**ARTICLE IV**

The name and address of each person authorized to manage and control the Limited Liability Company:

AUTHORIZED MEMBER

SHEILA D SHARMA

34A OAK HILL

WOLVERHAMPTON

WV3 9AA

UNITED KINGDOM

AUTHORIZED MEMBER

SURINDER K SHARMA

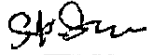
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UNITED KINGDOM

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TALLAHASSEE, FLORIDA

x 

SURINDER K SHARMA / Authorized Representative's signature

*(In accordance with section 605.0203 (1) (b), 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.)*

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