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. (Re	equestor's Name)				
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S. PRATHO!

COVER LETTER

	degistration Section Division of Corporations					
CUD IE CA	WHD TANGIBLES, LLC					
SUBJECT: Name of Limited Liability Company						
The enclos	sed Articles of Organization and fee(s) are submitted for filing.					
Please retu	urn all correspondence concerning this matter to the following:					
	H. Carter Hood					
	Name of Person					
	Ivins, Phillips & Barker					
	Firm/Company					
	1700 Pennsylvania Avenue, N.W.					
	Address					
	Washington, DC 20006					
	City/State and Zip Code chood@ipbtax.com					
•	E-mail address: (to be used for future annual report notification)					
For further is	nformation concerning this matter, please call:					
	Margareth Kildale 202 662-3425					
	Name of Person Area Code Daytime Telephone Number					
Enclosed is	s a check for the following amount:					
\$125.00 Fi	siling Fee \$\int_{\text{S130.00 Filing Fee & Certified Copy}} \int_{\text{Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{S160.00 Filing Fee, Certified Copy (additional c					
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301					

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	'Company is:			
WHD TANGIBLES, 1 (Must end w	LLC ith the words "Limited	l Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal o	office of the Limited L	iability Company is:	
<u>Principal</u>	Office Address:		Mailing Address:	
140 Royal Palm Way, Palm Beach, Florida 3			oyal Palm Way, Suite 102 Beach, Florida 33480	16 J
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	annot serve as its own	Registered Agent. Y	's Signature: ou must designate an individual or	2 Sar
The name and the Florida street ac	ddress of the registered	d agent are:		omaffons 42:16
	Willis H. du Pont	Name		9.0
140 Royal Palm Way, Suite 102				
	Florida street addres	ss (P.O. Box NOT acc	ceptable)	
	Palm Beach	Florida	33480	
	City	State	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 605, F.S..

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
MGR	Willis H. du Pont		
	140 Royal Palm Way, Suite 102		
	Palm Beach, Florida, 33480		
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the date of filing:	(OPTIONAL)		
	I cannot be more than five business days prior to or 90 days after		
he date of filing.)			
	pplicable statutory filing requirements, this date will not be listed as		
the document's effective date on the Department of State's			
the document is effective date on the Department of State is	1000.45		
ARTICLE VI: Other provisions, if any.			
,			
REOUIRED SIGNATURE:	<u>_</u> .		
RECORDED SIGNATURE.			
a sold	Irustee		

Kemp C. Stickney Sr. Vice President **Chief Fiduciary Officer**

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Wilmington Tr. Co., Trustee Willis H. du Pont Rev. Trust dtd 5/29/57 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)