

L960000009917
TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: WHITE SHARK ADVISORS L.C.
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy of the articles of organization and a check for:

\$285.00
Filing Fee
& Registered
Agent designation

\$293.75
Filing Fee,
Registered Agent
Designation &
Certificate

\$337.50
Filing Fee,
Registered Agent
Designation &
Certified Copy

 \$346.25
Filing Fee,
Registered Agent
Designation,
Certified Copy &
Certificate

FROM: JOAN HALICK
Name (Printed or typed)

239 ORCHARD ST. APT 3-H
Address

WESTBURY N.Y. 11590
City, State & Zip

516-333-7630

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9/23/96

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: WHITE SHARK ADVISORS, L.L.C. (LLC, L.L.C., L.C., L.P., L.L.P., etc.)

The name of the Limited Liability Company is:

WHITE SHARK ADVISORS, L.L.C. (LLC, L.L.C., L.C., L.P., L.L.P., etc.)

ARTICLE II - Address:

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

6916 TURTLE MOUND RD.
NEW SMYRNA BCH FL 32164

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

FROM THE DATE THESE ARTICLES OF ORGANIZATION ARE FILED
THROUGH AND INCLUDING JANUARY FIRST, 2010.

ARTICLE IV - Management: (check and complete the appropriate statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

CHARLES THOMAS HEHNER
3280 SUNRISE HIGHWAY #146
WANTAGH, NEW YORK 11793

JOHN JOSEPH NALICK
234 ORCHARD ST. APT 2-H
WESTBURY NEW YORK 11590

ARTICLE V • Admission of Additional Members

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

NO RIGHT IS GIVEN BY ANY MEMBER TO ADMIT
ADDITIONAL MEMBERS.

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

A MAJORITY IN INTEREST OF THE REMAINING MEMBERSHIP
VOTES IS REQUIRED TO CONTINUE THE L.L.C.

NOTE: If no provisions are to be made in Article V and VI remove this page before submitting for filing with the Department of State.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of White Sharks Owners LLC deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 1000.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 1000.00
This total includes amounts from 2 and 3 above.



CHARLES THOMAS HEELER

Signature of a member or authorized representative of a member.

In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____

WHITE SHARK ADVISORS L.C.

2. The name and address of the registered agent and office is:

JEAN EHRHART (NAME)

6916 TURTLE MOUND RD.
(P. O. Box NOT ACCEPTABLE)

NEW SMYRNA BCH FL 32169
(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.

 (SIGNATURE)

9-19-96
(DATE)

Filing Fee: \$ 35 for Designation of Registered Agent