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LAW OFFICE

EISEN & WILLITS

(A Partnership of Professional Associations)
299 CAMINO GARDENS BLVD.
SUITE 204
BOCA RATON, FL 33432
TELEPHONE (561) 362-5200
FACSIMILE (561) 362-5210

ROBERT A. EISEN RYAN E. WILLITS CHERRIE F. CAMPBELL

November 24, 1999

Of Counsel:

CHRISTINE MARCHAND, LL.B. Notaire au Québec, admitted in Province of Québec, Canada only

CHARLES ARONOWITZ, J.D. Admitted NY only, office in Montreal (514) 879-1755 email: epis@total.net

Department of State
Division of Corporation
Attn: New Filing Section-Limited Liability Company
409 East Gaines Street
Tallahassee, FL 32399
SENT VIA AIRBORNE EXPRESS

Re: Walkers Isle, LC

500003055595--2 -11/29/99--01128--003 ****150.00 ****125.00 2010

Dear New Filing Section:

\$,150

Enclosed please find Articles of Organization for Walkers Isle, LC (including copies of the same) and our trust check in the sum of \$125.00 regarding the filing of the above. Please file said Articles and return a certified copy of same to my attention.

Thank you for your assistance in this matter.

Very truly yours,

EISEN & WILL!

Cherrie F. Campbell, Esq.

encr.

PILED

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SECRETARY OF STATE
ALLAHASSEE, FLOOD

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ARTICLES OF ORGANIZATION FOR

WALKERS ISLE, LC

ARTICLE I Name

The name of the Limited Liability Company is: WALKERS ISLE, LC.

ARTICLE II Address

The mailing address and street address of the principal office of the Limited Liability Company is: WALKERS ISLE, LC., 770 N.E. 36TH Street, Boca Raton, Florida, 33431.

ARTICLE III Duration

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV Management

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

Julie Ann Ramos

770 N.E. 36th Street

Boca Raton, Florida 33431

Albert Giachetti

770 N.E. 36th Street

Boca Raton, Florida 33431



IN WITNESS WHEREOF, the undersigned member has executed these Articles of Organization on this day of November, 1999. ilie Ann Ramos, Member STATE OF FLORIDA COUNTY OF PALM BEACH The foregoing instrument was sworn to, subscribed, and acknowledged before me this day of November, 1999, by Julie Ann Ramos, who is personally known to me and who did take an oath. Ignature of Notary Public Print Name: My commission expires: CHERRIE F. CAMPBELI
MY COMMISSION # CC 852506
EXPIRES: September 10, 2003
Bondad Tirru Nobary Public Underwriters

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: Walkers Isle, LC.
- 2. The name and address of the Registered Agent and Office is:

Julie Ann Ramos 770 N.E. 36th Street Boca Raton, Florida 33431

Having been named as Registered Agent and to accept service of process for the above-stated Limited Liability Company at the place designated n 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.

Julie Ann Ramos

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA