



WHITE STATES
CORPORATION
COMPANY

00000005075

ACCOUNT NO. : 072100000032

REFERENCE : 675303 7212066

AUTHORIZATION : Patricia Pizeto

COST LIMIT : \$ 125.00

ORDER DATE : April 25, 2000

ORDER TIME : 10:13 AM

ORDER NO. : 675303-005

CUSTOMER NO: 7212066

CUSTOMER: Dr. Robert H. Miles
DR. ROBERT H. MILES
DR. ROBERT H. MILES
433 Isle Of Palms

500003237885--8

Fort Lauderdale, FL 33301

DOMESTIC FILING

NAME: CORPORATE TRANSFORMATION
RESOURCES, LLC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS:

FILED
00 MAY -3 PM 3:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
00 MAY -3 PM 2:26
DEPARTMENT OF STATE
DIVISION OF CORPORATE REG
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CORPORATE TRANSFORMATION RESOURCES, LLC

ARTICLE II - Address:

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

433 Isle of Palms, Fort Lauderdale, Florida 33301

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

| |
|--|
| Dr. Robert H. Miles |
| _____ Name |
| 433 Isle of Palms |
| _____ Florida street address (P.O. Box NOT acceptable) |
| Fort Lauderdale, FL 33301 |
| _____ City, State, and 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 608, F.S..

SEE ATTACHED

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Laura R. Dunlap
Signature of a member or an authorized representative of a member.

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

Laura R. Dunlap

Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

FILED
00 MAY -3 PM 3:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ACCEPTANCE OF REGISTERED AGENT
DESIGNATED IN THE ARTICLES OF ORGANIZATION

Dr. Robert H. Miles, an individual residing in this
state, having a business office identical with the registered
office of the corporation named below, and having been
designated as the Registered Agent in the above and foregoing
Articles of Organization of:

CORPORATE TRANSFORMATION RESOURCES, LLC

Dr. Robert H. Miles is familiar with and accepts the
obligations of the position of Registered Agent under Section
608 , Florida Statutes.

By: 

Typed Name: Dr. Robert H. Miles

crl

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SECRETARY OF STATE
TALLAHASSEE FLORIDA