



**TRANSMITTAL LETTER**

**FILED**

To: Registration Section  
Division of Corporations

Subject: White-Irish, LLC

2004 APR 21 P 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return Certified Copy, and  
All correspondence concerning the following to:

Troy R. McNamar - Manager  
White-Irish, LLC  
P.O. Box 934894  
Pompano Beach, Florida 33093

**Fees Enclosed:**

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

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**\$160.00 Total**

For further information on this matter, please call:

Vivian Ricardo  
Managing Member

At (305) 318-2137

**ARTICLES OF ORGANIZATION  
FOR LIMITED LIABILITY COMPANY**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I – Name:**

The name of the Limited Liability Company is:  
White-Irish, LLC

**ARTICLE II – Address:**

The mailing address of the principal office of the White-Irish, LLC is:  
White-Irish, LLC  
P.O. Box 934894  
Pompano Beach, Florida 33093

The street address of the principal office of the White-Irish, LLC is:  
2524 NW 62<sup>nd</sup> Avenue  
Pompano, Florida 33063

**ARTICLE III – Registered Agent**

The name and the Florida street address of the Registered Agent are:

ARCHIE J. RYAN III  
Law Offices  
Ryan & Ryan, LLC  
Third Floor  
700 East Dania Beach Boulevard  
Dania Beach, Florida 33004

*As having been named 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 and 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, Florida Statutes.*

  
\_\_\_\_\_  
Registered Agent Signature  
ARCHIE J. RYAN III

**ARTICLE IV – Manager(s) or Managing Member(s)**

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The name and address of each Manager or Managing Member is as follows:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

**Name & Address:**

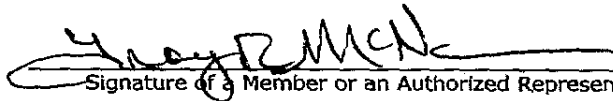
MGR

Troy R. McNamar  
P.O. Box 934894  
Pompano Beach, Florida  
33093

MGRM

Vivian Ricardo  
P.O. Box 934894  
Pompano Beach, Florida  
33093

**REQUIRED SIGNATURE**



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.)

**Troy R McNamar**

Typed or printed name of signer