

L04000084201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

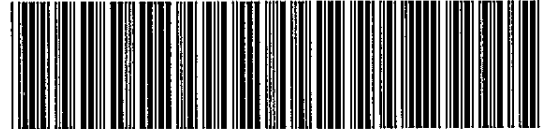
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten signature]

Office Use Only



100038232411

FILED

04 NOV 19 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 NOV 19 AM 10:53

DIVISION OF CLERICAL



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 981253 5490A

AUTHORIZATION :

COST LIMIT : \$ 155.00

FILED
04 NOV 19 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : November 18, 2004

ORDER TIME : 8:54 AM

ORDER NO. : 981253-005

CUSTOMER NO: 5490A

CUSTOMER: Ms. Kathleen Kennedy
Mastriana & Christiansen

Suite 200
1500 North Federal Highway
Fort Lauderdale, FL 33304

DOMESTIC FILING

NAME: NORWHITE HOLDINGS, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NORWHITE HOLDINGS, LLC

ARTICLE II - Address:

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

2426 NORTH FEDERAL HIGHWAY, FORT LAUDERDALE, FLORIDA 33305

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

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

F. RONALD MASTRIANA, ESQ.

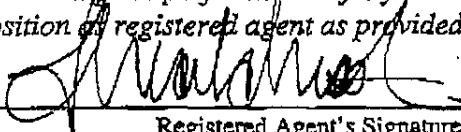
Name

1500 NORTH FEDERAL HIGHWAY SUITE 200

Florida street address (P.O. Box NOT acceptable)
FORT LAUDERDALE FLORIDA 33304

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 of registered agent as provided for in Chapter 608, F.S..

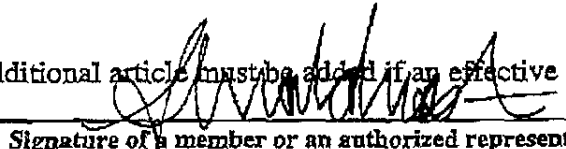


Registered Agent's Signature

Article IV - Management (Check box if applicable.)

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

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


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.)

F. RONALD MASTRIANA, ESQ.

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
04 NOV 19 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA