

L04000088987

Dec 09 04 11:53

SCF

305-444-4977

Division of Corporations

Page 1 of 1 P. 1

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000243330 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : 120000000146  
Phone : (305)444-4994  
Fax Number : (305)444-4977

RECEIVED

04 DEC -9 PM 12:59

DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**EN ONE TRUST, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2004 DEC -9 A 11:35  
FAXED  
SET  
FALL 10:00 AM

2004 DEC -9

Electronic Filing Menu

Corporate Filing

Public Access Help

<https://efile.sunbiz.org/scripts/efilcovr.exe>

12/9/2004

(((H04000243330)))

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

EN ONE TRUST, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**60 NE 50 STREET # 5  
MIAMI, FL 33137**Mailing Address:**60 NE 50 STREET # 5  
MIAMI, FL 33137**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

FRANCIS FERTIL

Name

511 NW 44 STFlorida street address (P.O. Box **NOT** acceptable)MIAMI FL 33127

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.*



Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

FRANCIS FERTIL

511 NW 44 ST

MIAMI, FL 33127

MGR

KEITH DUNCAN

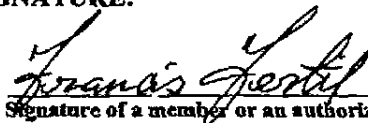
60 NE 50 STREET # 5

MIAMI, FL 33137

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**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.)

FRANCIS FERTIL

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**