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

From:
    Account Name    : FAS-T CORP. AGENTS, INC.
    Account Number  : 071001002335
    Phone           : (305)599-0839
    Fax Number      : (305)716-0346
```

LIMITED LIABILITY COMPANY

LO WHITE & ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	$155.00

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ARTICLES OF ORGANIZATION
FOR

Lo White & Associates, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is:

Lo White & Associates, LLC

ARTICLE II - ADDRESS

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

2860 Somerset Drive K1 - 11
Lauderdale Lakes, FL 33311

ARTICLE III -REGISTERED AGENT/REGISTERED OFFICE

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

Lorenzo White
2860 Somerset Drive K1 - 11
Lauderdale Lakes, FL 33311

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 statures 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.

Signature _____

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.

Signature _____
Lorenzo White - Member