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Florida Department of State
Division of Corporations
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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

RECEIVED
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY
TRUSTEE HOUSE LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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Electronic Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRUSTEE HOUSE LLC

ARTICLE II - Address:

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

Principal Office Address:

10800 BISCAYNE BLVD. 10TH FLOOR
MIAMI, FL 33161

Mailing Address:

10800 BISCAYNE BLVD. 10TH FLOOR
MIAMI, FL 33161

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

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

WILLIS CHIP ARNDT

Name


10800 BISCAYNE BLVD. 10TH FLOOR

Florida street address (P.O. Box **NOT** acceptable)

MIAMI, FL 33161

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

"MGHM" = Managing Member

Name and Address:

MGR _____

WILLIS CHIP ARNDT

10800 BISCAYNE BLVD. 10TH FLOOR

MIAMI, FL 33181

(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.)

WILLIS CHIP ARNDT

Typed or printed name of signer

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 4.00 Certificate of Status (Optional)