

L05000031044

Florida Department of State

Division of Corporations

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DIVISION OF CORPORATIONS

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Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
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Phone : (305)634-3694  
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**LIMITED LIABILITY COMPANY**

**white elephant investments llc**

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

**T. Brumley MAR 30 2005**

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

WHITE ELEPHANT INVESTMENTS LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1920 E. HALLANDALE BEACH BLVD.  
SUITE 904  
HALLANDALE, FLORIDA 33009

**Mailing Address:**

1920 E. HALLANDALE BEACH BLVD.  
SUITE 904  
HALLANDALE, FLORIDA 33009

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

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

CLAUDIA URREGO

Name

1920 E. HALLANDALE BEACH BLVD. SUITE 904

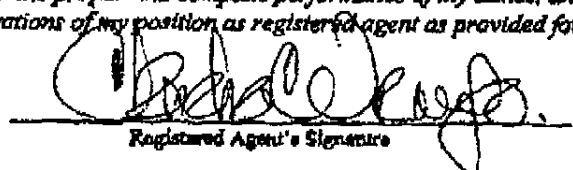
Florida street address (P.O. Box NOT acceptable)

HALLANDALE, FL. 33009

FL

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

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**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:**MGRMHERNANDO HEREDIA1920 E. HALLANDALE BEACH, BLVD.SUITE 904 HALLANDALE, FLORIDA 33009

(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 608.406(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

HERNANDO HEREDIA

Typed or printed name of signer

**FINES FEE:**

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

\$ 30.00 Certified Copy (Optional)

\$ 1.00 Certificate of Status (Optional)

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