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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Ohite Lily (Name of Elmited	Import Expor	+ LLC
	Organization and fee(s) are sundence concerning this matte		. :
	Lystra	Chang Name of Person)	
	C	Firm/Company)	
1201	SW 85 [™]	Avc (Address)	-
	oke Pine (City)	FL 33025 State and Zip Code)	
For further information c	oncerning this matter, please	call:	
Lystra C (Name o	hang of Person)	at (<u>954</u>) <u>437</u> – (Area Code & Daytime Te	374 L lephone Number)
	the following amount: \$\sum_\$130.00 \text{ Filing Fee & Certificate of Status}	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	as

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
White Lily Import Export (Must end with the words "Limited Liability Company, "Li	mited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Pembrote Pines FL 33025	1201 Sw 86th Ave Pembroke Pines FL 33025
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	≥
<u>hystra Chang</u> Na	me P III
1201 らい 85 ^{tk} Florida street	Ave address (P.O. Box NOT acceptable)
Pembroke Pines City, Sta	FL 33025 Et, and Zip
	to accept service of process for the above stated limited

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..

Régistered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
marm	Lystra Chong 1201 SW 85th Ave
	Pendroke Pines FL 33025
MGRM	Lorna White
	Pembroke Pines FL 33025
MGBM	Hopeton White
	Pembroke Pines FL 33025
(Use attachment if necessary)	
`	the date of filing: (OPTIC
LE V: Effective date, if other than t fective date is listed, the date must	the date of filing: (OPTION to be specific and cannot be more than five business
LE V: Effective date, if other than t fective date is listed, the date must	
LE V: Effective date, if other than t fective date is listed, the date must days after the date of filing.)	
LE V: Effective date, if other than t fective date is listed, the date must days after the date of filing.)	
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	
days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with of this document co	t be specific and cannot be more than five business

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)