

L11000101631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

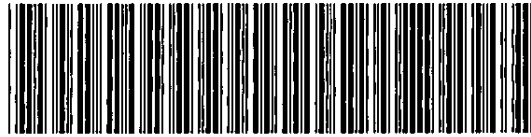
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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9-2-11

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SECRETARY OF CORPORATION
DIVISION OF CORPORATIONS
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Polando E. Iena, CPA

Requestor's Name

7400 SW 50 Terr. #302

Address

Miami, FL 33155 (305) 663-1511

City

State

ZIP

Phone

VALIDATION ONLY

EFFECTIVE DATE 9/1/2011

CORPORATION(S) NAME

White Horse Machinery USA, LLC

- | | | |
|--|--|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other <i>LLC</i> |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> After 4:30 | <input type="checkbox"/> Walk In |
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Empire Toll Free: 1-800-432-3028

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

Date: August 29, 2011

ARTICLE I – NAME:

The name of the Limited Liability Company is:

WHITE HORSE MACHINERY USA, LLC

ARTICLE II – ADDRESS:

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

1835 NW 112 AVENUE #182
MIAMI, FL 33172

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, &
REGISTERED AGENT'S SIGNATURE:**

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

JUAN C. SOLORZANO
Name

1835 NW 112 AVENUE #182
Florida Street Address

MIAMI, FLORIDA 33172
City, State, and Zip

EFFECTIVE DATE 9/1/2011

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 SEP -6 AM 11:12

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

ARTICLE IV – MANAGEMENT

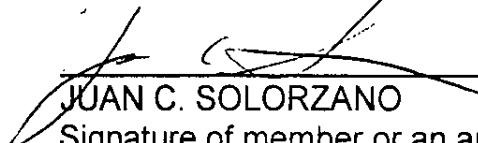
The Limited Liability Company is to be considered a single manager LLC and is therefore a SINGLE MANAGER LLC company.
The initial SINGLE MANAGER is JUAN C. SOLORZANO.

ARTICLE V BUSINESS DEDUCTIONS

Per IRS regulations the corporation may pay and deduct the health insurance and medical expenses of its directors and employees. Additionally, business auto expenses may be reimbursed to directors and employees and thus deducted from current operations.

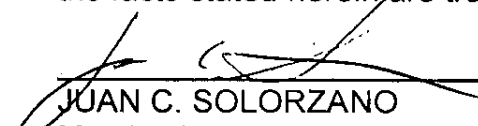
ARTICLE VI – EFFECTIVE DATE

The effective date of the Limited Liability Company shall be: SEPTEMBER 1st,



JUAN C. SOLORZANO
Signature of 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



JUAN C. SOLORZANO
Member/Manager of LLC

August 29, 2011