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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT: Wh	1 te hall Ent Name of Limited L	ERPRISES LLC Liability Company	11	
The enclosed Articles of Org	anization and fee(s) are subn	nitted for filing.		
Please return all corresponde	nce concerning this matter to	the following:	,	
	ENGEL			
Whitehall	Enter prises	LLC		
	Ocean Blu			
2800 8	· Ocean Div	10	1963	The state of the s
		Address 3 4 3 2 Interest and Zip Code COM Interest annual report notification)		VON 21
	City/Sta	ite and Zip Code	10 C	9
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For further information conce				5 3
 -	-	•	"Gire	٠
Name of Per	at	(56 391-0 Area Code & Daytime Telep CI 561-866-7	obone Number	
Enclosed is a check for the		, , ,	700	
\$125.00 Filing Fee		\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fe Certificate of State Certified Copy (additional copy is end	us &
Ro Di P.	ailing Address egistration Section livision of Corporations O. Box 6327 allahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Clarations Tallahassee, FL 32301	ircle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Whitehall Enterprises (Must end with the words "Ilmited Liability Co	ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princi	pal office of the Limited Liability Company is:
Principal Office Address:	lailing Address:
2900 5. Ocean BlvD Boxa Reton, Fl 33432	2800 S. Ocean BIVD Exa Paton, Fl 33432
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its own Registered Abusiness entity with an active Florida registration.)	
The name and the Florida street address of the regis	tered agent are:
Susan ENGEl Name 2800 S. Ocean B	
	(P.O. Box NOT acceptable)
Bixa Raton FL City, State, as	
Having been named as registered agent and to accelliability company at the place designated in this cregistered agent and agree to act in this capacity. all statutes relating to the proper and complete per and accept the obligations of my position as registered.	sertificate, I hereby accept the appointment as I further agree to comply with the provisions of rformance of my duties, and I am familiar with ered agent as provided for in Chapter 608, F.S.
Registered Agent's Signature (1	REQUIRED)

(CONTINUED)

•	
ARTICLE IV- Manager(s) or Mai	naging Member(s):
The name and address of each Mana	ger or Managing Member is as follows:
Title:	Name and Address:
"MGR" = Manager	•
"MGRM" = Managing Member	

Susaw Engel
2800 S. Ocian BluD
Boca Raton, F. 23432

Peter Mendow
4-1 Rolling Hills
Traox, MA 01240

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>Jan J. 2013</u>. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

SUSAN ENGEL

Typed or printed name of signee

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)