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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305)634-3694

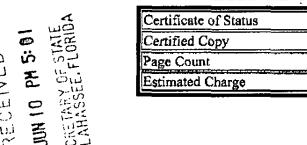
: (305)633-9696

Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Cmail	Address	::	

FLORIDA LIMITED LIABILITY CO. WHITEHEAD TRUST, LLC



J. SAULSBERRY **EXAMINER**

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https://efile.sunbiz.org/scripts/efilcovr.exe PAGE 01/03 EMPIRE CORP

6/10/2013

03

\$155.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit	ted Liability Company is	:	
Whitehead Trust, LLC			
(Must c	nd with the words "Limited List	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addr The mailing address a		principal office of the Limited Liability Compa	any is:
Principal Office Add	iress:	Mailing Address:	
307 NE 151 Street		307 NE 1st Street	
Misrei, Florida 38132		Miami, Florida 33132	
ARTICLE III - Regi (The Limited Limbility Comp business coulty with an activ	iany caminot serve as ils own Res	ed Office, & Registered Agent's Signature: istered Agent. You must designate an individual or another	201 7.4.1
The name and the Florida street address of the registered agent are:		= =	
Ja	seper Ameldason		
	Nan	16	42 0
<u>3</u>	07 NE 1st Street		79 3
	Florida street o	uldress (P.O. Sox <u>NOT</u> acceptable)	

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.,

City, State, and Zip

Registered Agent's Signature (REQUIRED)

Miami, FI 33132

(CONTINUED)

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EWEIKE COKE

The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" ≃ Manager "MGRM" - Managing Member MGRM Standard Management Services, LLC 307 NE 1al Stradi Miami, Florida 33132 (Use attachment if necessary) (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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 secondance with section 608.408(3), Florids 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 fellowy as provided for in s.817.155, F.S.) JESPER ARNOLDSSON Typed or printed name of signes Filing Feer: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV- Manager(s) or Managing Member(s):

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\$ 30.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)