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TALLAHASSEE, FLORIDA

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: White Glove, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David J. Zensinger
Name of Person

White Glove, LLC
Firm/Company

811 United St., #1
Address

Key West, FL 33040
City/State and Zip Code

Zinger10@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Zensinger at (305) 304-4692
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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**Articles of Organization
For
Florida Limited Liability Company**

Article I

The name of the Limited Liability Company is:
WHITE GLOVE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
811 United Street
#1
Key West, FL 33040

The mailing address of the Limited Liability Company is:
811 United Street
#1
Key West, FL 33040

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
David J. Zensinger
811 United Street
#1
Key West, FL 33040

Having been named as registered agent and to accept services 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.

Registered Agent Signature



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Article V

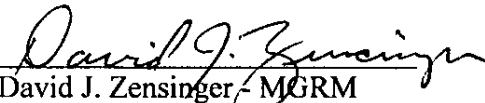
The name and address of the managing members of the Limited Liability Company are:

Title: MGRM
Marcia F. Zensinger
811 United Street, #1
Key West, FL 33040

Title: MGRM
David J. Zensinger
811 United Street, #1
Key West, FL 33040

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Signature of member or an authorized representative of a member:


David J. Zensinger - MGRM

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.