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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

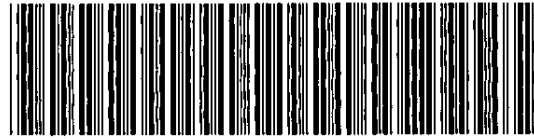
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 FEB 12 2015

MICHAEL NEWMAN TRUST HOLDINGS, LLC

Nonprofit
 Domestic Corporation

Limited Partnership
 LLC
Formation

Certified Copy
Formation

Walk In
 Mail Out

Amendment
 Dissolution/Withdrawal
 Reinstatement
 Annual Report

Name Registration
 Fictitious Name

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9441486

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**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY
MICHAEL NEWMAN TRUST HOLDINGS, LLC**

FILED
15 FEB 11 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I – NAME: The name of the limited liability company is **MICHAEL NEWMAN TRUST HOLDINGS, LLC** (the “Company”).

ARTICLE II – ADDRESS: The mailing address of the principal office of the Company is 1160 NW 163rd Street, Miami Gardens, FL 33169-5816. The street address of the principal office of the Company is 1160 NW 163rd Street, Miami Gardens, FL 33169-5816.

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT’S SIGNATURE: The name and the Florida Street address of the Company’s registered agent are:

Michael Newman
1160 NW 163rd Street
Miami Gardens, FL 33169-5816

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 in Chapter 605, Florida Statutes.



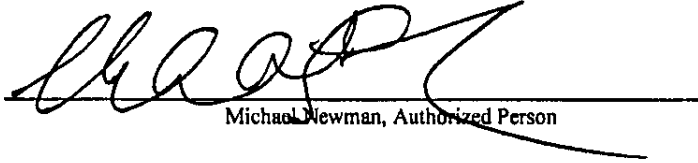
Michael Newman -- Registered Agent's Signature

ARTICLE IV – The name and address of each person authorized to manage and control the limited liability company are:

<u>Title</u>	<u>Name and Address</u>
Manager	Michael Newman 1160 NW 163 rd Street Miami Gardens, FL 33169-5816

Signature on following page

REQUIRED SIGNATURE:



Michael Newman, Authorized Person

(In accordance with section 605.0203 (1) (b), 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.)

FILED
15 FEB 11 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA