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T SCHROEDER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE: 733667 4721758
AUTHORIZATION :
COST LIMIT: \$130.00
ORDER DATE : August 4, 2015
ORDER TIME : 11:38 AM
ORDER NO. : 733667-005
CUSTOMER NO: 4721758
DOMESTIC FILING
NAME: ILLUMI WHITE LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS:

COVER LETTER

egistration Section ivision of Corporations		
. Illumi White LLC		
	of Limited Liabil	ity Company
sed Articles of Organization and fe	e(s) are submitted	for filing.
rn all correspondence concerning	this matter to the	îollowing:
Juan C Salazar		
	Name of	Person
Caruso Smith Picini PC		
	Firm/Co	mpany
60 Route 46 East		
	Addr	ess
Fairfield NJ 07007		
A CONTRACTOR OF THE CONTRACTOR	•	d Zip Code
		unnual report potification)
		innaar report notification)
nformation concerning this matter	, please call:	
Juan C Salazsar	305 at (335-0990
Name of Person	Area Code	Daytime Telephone Number
s a check for the following amoun	t:	
_	ee & \$155.0	\$160.00 Filing Fee, ed Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address
New Filing Section Division of Corporations		New Filing Section Division of Corporations
P.O. Box 6327		Clifton Building 2661 Executive Center Circle
	Illumi White LLC: Name Red Articles of Organization and feature all correspondence concerning Juan C Salazar Caruso Smith Picini PC 60 Route 46 East Fairfield NJ 07007 JuanSalazar@EliteWhiteWhitenin E-mail address: (to be information concerning this matter) Juan C Salazsar Name of Person Sa check for the following amounts in the follo	Illumi White LLC: Name of Limited Liabil Name of Caruso Smith Picini PC Firm/Co 60 Route 46 East Addr Fairfield NJ 07007 City/State and JuanSalazar@EliteWhiteWhitening.com E-mail address: (to be used for future and formation concerning this matter, please call: Juan C Salazsar Name of Person Area Code so a check for the following amount: Sing Fee \$130.00 Filing Fee & Certificate of Status Mailing Address New Filing Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	C			
The name of the Limited Liability	Company is:			
Illumi White LLC				
	ith the words "Limited	Liability Company	". "L.L.C" or "LLC.)
ARTICLE II - Address: The mailing address and street add	lress of the principal o	ffice of the Limited	Liability Company i	is:
<u>Principal</u>	Office Address:		Mailing A	Address:
4195 Tamiami Tr S 12	7 Venice FL 329		iso Law-60 Rt 46 Ea field NJ 07007	<u>ist</u>
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an ac	annot serve as its own tive Florida registratio	Registered Agent.'	nt's Signature: You must designate :	an individual or
		_		
	Corporation Service	Name		ng
	1201 Hays Street			
	Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)	
	Tallahassee, FL 3230)]		
	City	State	Zip	
Having been named as registered ag place designated in this certificate, I further agree to comply with the pro am familiar with and accept the obli	hereby accept the approvisions of all statutes regations of my position Corporation Ser By:	ointment as register clating to the proper as registered agent	ed agent and agree to and complete perfor as provided for in Ch	o act in this capacity. I mance of my duties, and I
		(CONTINUED)		

Page 1 of 2

JIVISION OF CORPORATIONS

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" <u>A NADD</u> " —		Name and Address:				
	Authorized Member					
"MGR" = M	ranager	Juan C Salazar				
Manager	······································	60 Route 46 East Fairfield NJ 07004				
		PATE STREET				
	ment if necessary)					
ICLE V: Enecu	ive date, if other than the date s listed, the date	of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days after				
n effective date is late of filing.) <u>e:</u> If the date insc	erted in this block does not r	neet the applicable statutory filing requirements, this date will not be listed as				
n effective date is late of filing.) e: If the date inse document's effect	erted in this block does not tive date on the Department	neet the applicable statutory filing requirements, this date will not be listed as				
n effective date is late of filing.) e: If the date inso document's effect TCLE VI: Other	erted in this block does not rive date on the Department provisions, if any.	neet the applicable statutory filing requirements, this date will not be listed a				
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ARTICLE IV-

Page 2 of 2

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)