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below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

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

Email Address:\_\_

## FLORIDA LIMITED LIABILITY CO. WHITE MURDOCK LLC

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Certificate of Status	1	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$130.00	

## ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			•	
The name of the Limited				
White	Murdoc	ck L	LC	
ARTICLE II - Address: The mailing address and Company is:	street address of the prin	ncipal office of the	Limited Liability	
16074	$5\omega$	148	TERR	
miami	FL		33.196	
The name and the Florid	d Agent, Registered Office a street address of the re- registered Agent. You must designate to	gistered agent are	usiness entity	
·	MiAm;	- 5W F1	33/	Tere
Teresa	ELVICA	OR5	_	<u></u>
ARTICLE IV The name and title of each Liability Company: (MG	ch person authorized to n R or AMBR)	nanage and contro	ol the Limited	
Jeres	sa ELV	in Or	JA es	<u>ambe</u>
	e Feli			
	hanie /			
•				

Required Signatures:

Signature of a member or an authorized representative of a member.

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.

Teresa ELvira Orsales
Typed or printed name of signee

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 605, F.S..

Registered Agent's Signature (REQUIRED)