## 10900018302

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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B. KOHR
FEB 24 2009
EXAMINER

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SLORETARY OF STATE
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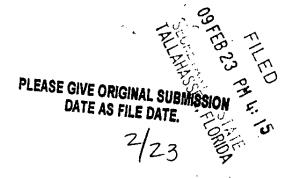
## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 23, 2009

ASHLEY SMITH CORPDIRECT AGENTS TALLAHASSEE, FL

SUBJECT: WHITE PROPERTIES 2, LLC

Ref. Number: W09000008535



We have received your document for WHITE PROPERTIES 2, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$125.00 payment.

The PRINCIPAL OFFICE ADDRESS in Item 2 MUST BE A STREET ADDRESS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 909A00006292

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

2 23

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATION

2009 FEB 24 PN 1: 3:
NOT HITCHOED
SUFFICIENCY OF FILING

CORPDIRECT AGE 515 EAST PARK AV TALLAHASSEE, FL 222-1173	ENUE 32301	merly CCRS)	A PROPERTY.
FILING COVER : ACCT. #FCA-14	SHEET		A RESERVE TO A L. TO
CONTACT:	ASHLEY S	<u>MITH</u>	A A A A A A A A A A A A A A A A A A A
DATE:	02-23-2009		
REF. #:	000638.1002	<u>75</u>	
CORP. NAME:	WHITE PR	OPERTIES 2, LLC	•
( ) ARTICLES OF INCO	PRPORATION	( ) ARTICLES OF AMENDMENT	( ) ARTICLES OF DISSOLUTION
( ) ANNUAL REPORT		( ) TRADEMARK/SERVICE MARK	( ) FICTITIOUS NAME
( ) FOREIGN QUALIFICATION		( ) LIMITED PARTNERSHIP	(XX) LIMITED LIABILITY
( ) REINSTATEMENT		( ) MERGER	( ) WITHDRAWAL
( ) CERTIFICATE OF C ( ) OTHER:	CANCELLATION		
CTATE EEEC DI		TH CHECK# 529413	EOD # 125.00
STATE FEES FE	CEPAID W	IIII CHECK# JE   1   J	FUR \$ 125.00
AUTHORIZATI	ON FOR A	CCOUNT IF TO BE DEBITE	D:
		COST LII	MIT: \$
PLEASE RETU	RN:		
( ) CERTIFIED COPY		ERTIFICATE OF GOOD STANDING	(XX) PLAIN STAMPED COPY
Examiner's Initials	<b>S</b>		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIARILITY COMPANY

ARTICLES OF ORGANIZATION FOR F	LORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is	:
,	· Portan
White Properties 2, LLC	orincipal office of the Limited Liability Company is:
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
	S. F.
ARTICLE II - Address:	when in a office of the Limited Liebility Commercial
The mailing address and street address of the p	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12751 NW Highway 19	P O Box 790
Chlefland, FL 32626	Chiefland, FL 32626
ARTICLE III - Registered Agent, Registerer (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
National Corporate I	Research, Ltd., Inc.
Name	
515 East Park Aven	ue
<del></del>	dress (P.O. Box NOT acceptable)
Tallahassee 32301	FL.
City, State,	——
liability company at the place designated in registered agent and agree to act in this capaci	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance 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..

National Corporate Research, Ltd., Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Mem	iber
MGRM	Juanita M. White
	P O Box 790 Chiefland, FL 32626
	Cherana, Fe 32020
(Use attachment if necessary	v)
CLE V: Effective date, if other	r than the date of filing: (OPTIONAL)
effective date is listed, the dat 0 days after the date of filing.	e must be specific and cannot be more than five business days prior
REQUIRED SIGNATURE	):
RECORED SIGNATURE	" 

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

James R. Robinson, Esquire

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)