

L18000284617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

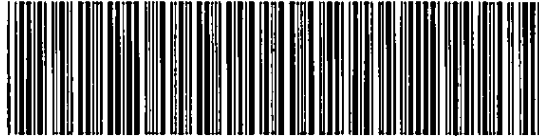
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: L Whitley Ventures LLC
Name of Limited Liability Company

2010 DEC 10 PM 2:52

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

Please return all correspondence concerning this matter to the following:

Lois Whitley
Name of Person

Firm/Company

6890 Royal Palm Blvd # 307
Address

Margate, FL 33063
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lois Whitley 954 968-4282
Name of Person at (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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

L Whitley Ventures LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

6890 Royal Palm Blvd # 307

6890 Royal Palm Blvd # 307

Margate, FL 33063

Margate, FL 33063

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Lois Whitley

Name

6890 Royal Palm Blvd # 307

Florida street address (P.O. Box **NOT** acceptable)

Margate

FL

33063

City

State

Zip

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..

Lois Whitley

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Lois Whitely

6890 Royal Palm Blvd # 307

Margate, FL 33063

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: upon filing (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Lois Whitely

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Lois Whitely

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)

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SECRETARY OF STATE
TALLAHASSEE, FL

Application for Employer Identification Number
 (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies,
 certain individuals, and others. See instructions.)
 ► Keep a copy for your records.

1 Legal name of entity (or individual) for whom the EIN is being requested L. WHITLEY VENTURES, LLC	
2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name
4a Mailing address (room, apt., or suite no. and street, or P.O. box) 6890 ROYAL PALM BLVD # 307	5a Street address (if different) (Do not enter a P.O. Box)
4b City, state, and ZIP code MARGATE, FL 33063	5b City, state, and ZIP code
6 County and state where principal business is located BROWARD COUNTY, FL	
7a Name of Responsible Party: LOIS WHITELY	7b SSN, ITIN, or EIN 266-86-8523
8a Is this application for a limited liability company or foreign equivalent? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8b If 8a is "Yes" enter the number of LLC Members: 1

9a Type of entity (Check only one box.) (see instructions)

<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN) _____
<input type="checkbox"/> Corporation (enter form number to be filed) _____	<input type="checkbox"/> Trust (TIN of grantor) _____
<input type="checkbox"/> Personal Service Corp.	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/ military
<input type="checkbox"/> Other non-profit organization (specify) _____	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments
<input checked="" type="checkbox"/> Other (specify) DISREGARDED ENTITY	Group exemption number (GEN) _____

9b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
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10 Reason for applying (Check only one box) (see instructions)

<input checked="" type="checkbox"/> Started new business (specify type) ecommerce consulting	<input type="checkbox"/> Banking purpose (specify purpose) _____
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) _____
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Created a trust (specify type) _____
	<input type="checkbox"/> Created a pension plan (specify type) _____

11 Date business started or acquired (month, day, year)
OCTOBER 20, 2018

12 Closing month of accounting year (see instructions)
December

13 Highest number of employees expected in the next 12 months. (enter -0- if none) Note: If no employees expected, skip line 14

Agricultural	Household	Other
0	0	0

14. If you expect your employment tax liability to be \$1000 or less on a full calendar year and want to file form 944 annually instead of Forms 941 Quarterly, check here. If you do not check this box, you must file Form 941 for every quarter.

15 First date wages or annuities were paid (month, day, year). NOTE: If the applicant is a withholding agent, enter date income will first be paid to nonresident alien.
 ► **n/a**

16 Check one box that best describes the principal activity of your business

<input type="checkbox"/> Construction	<input type="checkbox"/> Health care and social assistance	<input type="checkbox"/> Wholesale-agent/broker
<input type="checkbox"/> Rental and leasing	<input type="checkbox"/> Transportation and warehousing	<input type="checkbox"/> Accommodation & food services
<input type="checkbox"/> Real Estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Wholesale-other
<input type="checkbox"/> Finance and Insurance	<input checked="" type="checkbox"/> Other (specify) ECOMMERCE CONSULTING SERVICES	<input type="checkbox"/> Retail

17 Indicate principal line of merchandise sold; specific construction work done; products produced or services provided.
ecommerce consulting

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? Yes No

If "Yes," write previous EIN here: _____

Third Party Designee Complete this section only if you want to authorize the individual named to receive the entity's EIN	Designee's telephone number (include area code)
Designee Designee's name	Designee's Fax number (include area code)
Designee Designee's Address and Zip Code	

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true and complete.

Name and title (Please type or print clearly) **Lois Whitley, Manager**

Business telephone number (include area code) (954) 968-4282	Fax telephone number (include area code) ()
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Signature Lois Whitley Date 12/4/18