L19000259433

(R€	equestor's Name)	_
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800330895928

06/24/19--01028--003 **160.00

2019 OCT 28 PM12: OU SECRLIAR: OF STATE TALL AMASSEE, FL

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: WHEnter Orises LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
William J. Heiber TTT Name of Person
WH Enterprises LLC Firm/Company
4/050 Oakhurst Dr. Address
Sarasota FL 34233
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William T. Heiber Illar 727 342-4873 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
*Mailing Address Navy Eiling Services Street Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

_

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.)

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)

(CONTINUED)

2019 OCT 28 PM 12: 04 SECRE TRY OF STATE

Williams, Heart Dr. Sarasota Fi 34233 (Use attachment if necessary) E.V: Effective date, if other than the date of filing:	Title: "AMBR" = Authorized Member	Name and Address:
Use attachment if necessary) E.V: Effective date, if other than the date of filing:	"MGR" = Manager	
Use attachment if necessary) E.V: Effective date, if other than the date of filing:		
Use attachment if necessary) E.V: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:		
ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 d filling.) the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be nent's effective date on the Department of State's records.		
	EV: Effective date, if other than the date ctive date is listed, the date must be sp filing.) the date inserted in this block does not intent's effective date on the Department EVI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
- Willing Hah TH	EV: Effective date, if other than the date ctive date is listed, the date must be sp filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 demeet the applicable statutory filing requirements, this date will not be of State's records.
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.	rective date is listed, the date must be sport filing.) the date inserted in this block does not a ment's effective date on the Department E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a ment is executed any false.	meet the applicable statutory filing requirements, this date will not be of State's records. A. H. L.

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)