WILLIAM 17. WHELLE Requester's Name	<u> </u>	
14955 HORSESHOE 7 Address	RACE	
City/State/Zip / Phone # Corporation NAME(S) & DOCU		office the O
1. (Corporation Name)	(Document #)	SECRE SALLAR
2. (Corporation Name)	(Document #)	-3 PM ARY OF ASSEE, F
3. (Corporation Name)	(Document #)	2: 25 Signal L Corida
4. (Corporation Name)	(Document #)	The state of the s
☐ Walk in ☐ Pick up time	·	☐ Certified Copy
☐ Mail out ☐ Will wait	Photocopy	Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R. Change of Registe Dissolution/Without Merger	
OTHER FILINGS	REGISTRATION/Q	<u>UALIFICATION</u>
☐ Annual Report ☐ Fictitious Name	☐ Foreign ☐ Limited Partnersh ☐ Reinstatement ☐ Trademark ☐ Other	olip GL
		Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
ARTICLE I - Name: The name of the Limited Liability Company is: Spinnaker Annui fles LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: PMB 243 4521 P.G.A. Boulevard Polm Beach Gardons, Fl 33418 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:
William R. Wherelow
14955 Houseshoe Trace
Florida street address (P.O. Box NOT acceptable)
Welling for FL 33419 City, State, and Zip
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 608, F.S Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.
(An additional artisle must be added an effective date is requested) 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.) Typed or printed name of signee

FILING FEES:
\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)