

# LD2000006357

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

00789-00611-00671

3/18

MJM

**SUBJECT:** Mallory Enterprises, L.C.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

W02-5870

Enclosed is an original copy of the articles of organization and a check for:

\$100.00  
Filing Fee

\$25.00  
Designation of Registered Agent

500005000425--3  
-02/25/02--01040--006  
\*\*\*\*125.00 \*\*\*\*125.00

**FROM:** White Development Company, Inc./ Attn: Tiffany Mims  
NAME

1801 S. Keene Road  
ADDRESS

Clearwater, FL 33756  
CITY, STATE & ZIP

727-533-8884  
DAYTIME TELEPHONE NUMBER

FILED  
02 MAR 18 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NOTE:** Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

February 28, 2002

TIFFANY MIMS  
WHITE DEVELOPMENT COMPANY, INC.  
1801 S. KEENE ROAD  
CLEARWATER, FL 33756

SUBJECT: MALLORY ENTERPRISES, L.C.  
Ref. Number: W02000005870

We have received your document for MALLORY ENTERPRISES, L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 202A00012414

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:** Mallory Enterprises, L.C.  
The name of the Limited Liability Company is:

**ARTICLE II - Address:**

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

1801 S. Keene Rd.  
Clearwater, FL 33756

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

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

Louanne S. Love  
Name  
1801 S. Keene Rd.  
Florida street address (P.O. Box **NOT** acceptable)  
Clearwater FL 33756  
City, State, and 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 608, F.S.*

Louanne S. Love  
Registered Agent's Signature

**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 article must be added if an effective date is requested)

[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 J. White  
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)

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