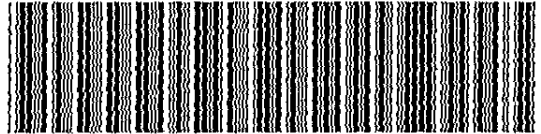


L030000024006

03 JUN 26 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



900020579429

06/26/03--01063--004 **160.00

(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:

AL

Office Use Only

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

FILED
03 JUN 26 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: WHITAKER GARDENS 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:

JAMES W. WHITAKER

(Name of Person)

WHITAKER GARDENS LLC

(Firm/Company)

6891 Co Hwy 280 E

(Address)

DE FUNIAK SPRINGS FL 32435

(City/State and Zip Code)

For further information concerning this matter, please call:

CRAIG S. ROBINSON, CPA
POST OFFICE BOX 1257
DEFUNIAK SPGS, FL 32435

(Name of Person)

at (850) 892-0888

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
03 JUN 26 PM 3: 48
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WHITAKER GARDENS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

6891 Co Hwy 280 E
DE FUWIAK SPRINGS FL 32435

Mailing Address:

6891 Co Hwy 280 E
DE FUWIAK SPRINGS FL 32435

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

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

CRAIG S ROBINSON, CPA

Name

1184-D CIRCLE DRIVE

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

DE FUWIAK SPRINGS FL 32435

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..

Craig S. Robinson CPA

Registered Agent's Signature

(CONTINUED)

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

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

FILED

03 JUN 26 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

JAMES W. WHITAKER
6891 Co Hwy 280 E
DE FUNIAK SPRINGS FL 32435

MGRM

JAMES W. WHITAKER II
6891 Co Hwy 280 E
DE FUNIAK SPRINGS FL 32435

MGRM

APRIL V. WHITAKER
6891 Co Hwy 280 E
DE FUNIAK SPRINGS FL 32435

MGRM

ANNIE M. WHITAKER
6891 Co Hwy 280 E
DE FUNIAK SPRINGS FL 32435

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED 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 W. WHITAKER

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)

WHITAKER GARDENS LLC
ARITLCE IV - MANAGING MEMBERS, CONT.

FILED

TITLE:

NAME AND ADDRESS:

03 JUN 26 PM 3:48

MGRM

JAMIE L WHITAKER
6891 CO HWY 280E
DE FUNIAK SPRINGS, FL 32435

SECRETARY OF STATE
TALLAHASSEE, FLORIDA