

L04000014291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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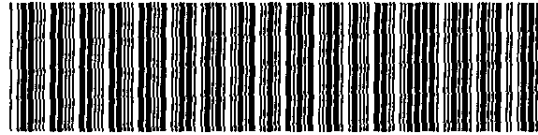
(Business Entity Name)

(Document Number)

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STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Wilhite Contracting LLC

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TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☒ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

Requested by: SW 2/23
Name Date Time

Walk-In Will Pick Up

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- NAME:

The name of the Limited Liability Company is: WILHITE CONTRACTING, LLC

ARTICLE II - ADDRESS:

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

Principal Office Address – 1480 WILL LEE ROAD, BONIFAY, FLORIDA 32425

Mailing Address: 1480 WILL LEE ROAD, BONIFAY, FLORIDA 32425

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S
SIGNATURE:

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

Name: NORMA WILHITE

Address: 1480 WILL LEE ROAD

City, State, and Zip Code: BONIFAY, FLORIDA 32425

Having been named as registered agent and to accept service of process for the above state 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, Florida Statutes.


Registered Agent's Signature

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TALLAHASSEE, FLORIDA

ARTICLE IV – Manager(s) or Managing Members(s):

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

Title:

“MGR” = Manager

MGRM” = Managing Member

MGRM

MURRAY WILHITE
1480 WILL LEE ROAD
BONIFAY, FLORIDA 32425

MGRM

NORMA WILHITE
1480 WILL LEE ROAD
BONIFAY, FLORIDA 32425

MGRM

ROBERT WILHITE
1480 WILL LEE ROAD
BONIFAY, FLORIDA 32425

MGRM

DALE WILHITE
1480 WILL LEE ROAD
BONIFAY, FLORIDA 32425

REQUIRED SIGNATURE:

Norma Wilhite
signature of member or authorized representative of member

Norma Wilhite
name printed

(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)