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DIVISION OF CORPORATION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK

# CAPITAL CONNECTION, INC.

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

Whitebeard Timber

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- ☐ Art of Inc. File
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- ☐ Certificate of Fictitious Name
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- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
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Signature

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

**ARTICLE 1 - Name:**

The name of the Limited Liability Company is: WHITEBEARD TIMBER  
MANAGEMENT, LLC

**ARTICLE II- Address:**

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

5628 Main Street  
New Port Richey, FL 34652

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

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

Robert N. Altman  
5628 Main Street  
New Port Richey, FL 34652

*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 ace in this capacity. I further agree to  
comply with the provisions of all statutes relating to the prop0er 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..*

*Robert N. Altman*  
Robert N. Altman, Registered Agent

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by one or more managers and is,  
therefore, a manager - managed company.

*Robert N. Altman*  
Signature of Authorized Representative

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.

Robert N. Altman  
Typed name of signee

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