## L050000043963

	TALLAHASSEE, PLORIDA
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<del>)</del>
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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## TRANSMITTAL LETTER

	TRANSMIT	TAL LETTER	DS MAY - I S	
TO: Registration Section Division of Corporation	s	Ų	a contract of the contract of	
SUBJECT: WhidLyn LLC		AL.	LAHASSEE FLORID,	
(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:				
Margaret D. Whi				
	(/)	lame of Person)		
WhidLyn LLC				
(Firm/Company)				
4236 William James	s Way			
		(Address)		
Tallahassee,				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Margaret D Whiddon		at ( 850 ) 668-9400	ext. 202	
(Name of Persor		(Area Code & Daytime T	elephone Number)	
Enclosed is a check for the fol	llowing amount:			
	30.00 Filing Fee & icate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

## 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY ARTICLE I - Name: The name of the Limited Liability Company is: WhidLyn LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address:** Mailing Address: 1415 Timberlane Rd. #309 4236 William James Way Tallahassee, FL 32312 Tallahassee, FL 32303 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Margaret D Whiddon Name

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.

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

4236 William James Way

Tallahassee 32312

Margaret D. Whiddon Que West Volled dela 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:

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The hame and address of each Manager C	or Managing Wellder is as 10HGWAY -4 PM 2:08
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Margaret D. Whiddon  4236 William James Way  Tallahassee, FL 32303
MGRM	Karen Lynn 111 Margaret's Way Thomasville, GA 31792
(Use attachment if necessary)	,
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
(In accordance with section	an authorized representative of a member.  608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury in are true.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

Margaret D. Whiddon

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee