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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

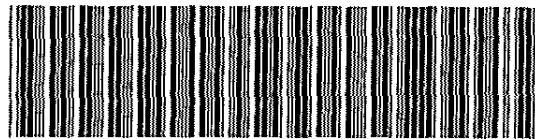
(Document Number)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

JUN 21 2005

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Great White Flooring Co., 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:

Rebecca J. Spanswick  
(Name of Person)

Great White Flooring Co., LLC  
(Firm/Company)

2825 NEEDLE PALM DR.  
(Address)

Edgewater, FL 32141  
(City/State and Zip Code)

For further information concerning this matter, please call:

PETER White at ( 386 ) 847-1120  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate 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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Great White Flooring Co., LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

Great White Flooring Co., LLC  
2825 NEEDLE PALM DR.  
EDGEWATER, FL 32141

**Mailing Address:**

Great White Flooring Co., LLC  
2825 NEEDLE PALM DR.  
EDGEWATER, FL 32141

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

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

REBECCA J. SPENSWICK  
Name

2825 NEEDLE PALM DR.

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

EDGEWATER, FL FL 32141  
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..*

Rebecca J. Spenswick  
Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

PETER W. WHITE IV  
2825 NEEDLE PALM DR.  
EDGEWATER, FL 32141

MGRM

REBECCA J. SPANSWICK  
2825 NEEDLE PALM DR.  
EDGEWATER, FL 32141

\_\_\_\_\_

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\_\_\_\_\_

(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.)

PETER W. WHITE IV  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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