# L05000079109

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### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: William G White JR 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:		
William G White Je (Name of Person)		
•		
(Firm/Company)		
William G White JR LLG  (Firm/Company)  13118 BISCAYNE DE  (Address)		
GRAND IS IAND FL 32735  (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at (407) 928 1165  (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee   Status  ☐ \$155.00 Filing Fee & Certificate of Status  ☐ \$155.00 Filing Fee & Certificate of Status  ☐ \$160.00 Filing Fee, Certificate of Status & Certificate of Status & 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		

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

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
William G White JR LI			
ARTICLE II - Address:			
	ncipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
13118 BISCAYNE DE	13118 BISCAYNE DR		
GRAND ILLAND FL	GRAND TIMNDEL		
32735			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature;			
The name and the Florida street address of the re-	gistered agent are:		
William G White Je			
Name	Stic P C		
13118 BULLAYNE DR			
Florida street addr	ess (P.O. Box NOT acceptable)		
GRAND Z ( LAND City, State, an			

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.

Registered Agent's Signature

(CONTINUED)

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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.)

William G White JR

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)