

L05000083221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

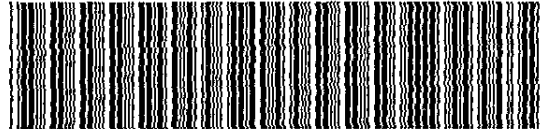
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/22/05--01033--024 **160.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

8/23
[Signature]

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SUBJECT: LARRY DUANE MCWHORTER, L.L.C.
Name of Limited liability

Enclosed are an original and one (1) copy of the articles of organization and a
Check for ☒ \$100.00 ☒ \$25.00 ☒ \$30.00 ☒ \$5.00
Filing Fee Designation of Certified Copy Certificate
Registered Agent of Status

Total Check Amount Enclosed ☒ \$160.00

FROM: Bonnie L. Richardson & Associate
Name

13800 S. Magnolia Avenue
Address

Ocala, Florida 34473
City, State & Zip Code

(352) 875-6728
Daytime Telephone Number

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05 AUG 22 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

LARRY DUANE McWHORTER, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

5865 SE 119th Place
Belleview, Florida 34420

Mailing Address:

Same

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

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

Larry Duane McWhorter

Name

5865 SE 119th Place

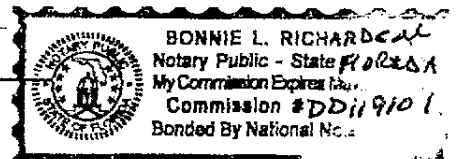
Florida street address (P.O. Box NOT acceptable)

Belleview, FLORIDA 34420

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, Florida Statutes..

Larry Duane McWhorter
Registered Agent's Signature



upm 05-19-2006

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:

MGR.

LARRY DUANE McWHORTER
5865 SE 119TH PLACE
BELLEVIEW, FL. 34420

MGRM

MELISSA L. McWHORTER.
5865 SE 119TH PLACE
BELLEVIEW, FL. 34420

LDM

LDM
LDM

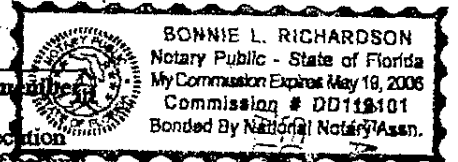
(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Larry Duane McWhorter
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.)

LARRY DUANE McWHORTER
Typed or printed name of signer



Bonnie L. Richardson
2 PM 1:29
FILED
OFFICE OF STATE
CLERK
FLORIDA

- Filing Fees:**
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

168-00