LOGINACIONO 63374

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Certificate of Status &

(additional copy is enclosed)

Certified Copy

SECRETARY OF STATE TALLAHASSEE, FLORIDA TO: Registration Section **Division of Corporations** The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: at (<u>850</u>) <u>576-0498</u> (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$155.00 Filing Fee & □ \$125.00 Filing Fee □ \$130.00 Filing Fee & ☐ \$160.00 Filing Fee,

Mailing Address

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Whitetail Farms	of NW Florida, LLC	/ ·
(Must end with the words "Limited Liability Comp	pany, "Limited Company" or their abbreviation "LLC," or '	'L.C.,")
ARTICLE II - Address:		
	s of the principal office of the Limited Liabil	ity Company is:
Principal Office Address:	Mailing Address: P.O. Boy	L 332

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

business entity with an active Florida registration.)

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Daniel C. Fletcher

Name

228 Col Landing Road

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

Tallahassee, FL 32310

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

	<u>Title:</u> "MGR" = Manager	Name and Address:		
	"MGRM" = Managing Member MGR	Craig A. Fletcher 228 Coe handing Road Tallahassee, FFLA 32310		
	MG-RM MG-RM	Daniel C. Fletcher 228 Coe Landing Road Tallaharres, FLA 32310		
	MG-RM	Norma T. Fletcher 11678 Cre Springs Road Tallahassee, FLA 32310		
	(Use attachment if necessary)			
RTICLE V: Effective date, if other than the date of filing: (OPTIONAL) If an effective date is listed, the date must be specific and cannot be more than five business days price or 90 days after the date of filing.)				
	REQUIRED SIGNATURE:	A Stepler		
	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.)			
		tcher 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)