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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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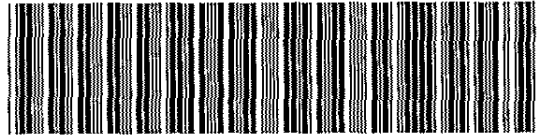
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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[Signature]

The Law Office Of  
Kristi M.  
**Odom, P.A.**  
ATTORNEY AT LAW

\*KRISTI M. ODOM  
\*ALSO ADMITTED IN ALABAMA

1314 JACKSON AVENUE  
Post Office Box 1126  
Chipley, FLORIDA 32428  
Chipley, FL 32428 (850) 638-7587  
1556 Brickyard Road (850) 638-3409

**TRANSMITTAL LETTER**

Department of State / Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

July 11, 2006

**SUBJECT: Whispering Trails, Inc.**

**FROM:**

THE LAW OFFICE OF KRISTI M. ODOM, P.A.  
1314 Jackson Avenue  
Chipley, Florida 32428

Please find enclosed an Articles of Dissolution for the above corporation and an Articles of Organization for an LLC for the same.

Also enclosed is a check for \$160.00 to cover both the \$35.00 dissolution fee and the filing fee for the organization fee.

Thank you,

*Kristi Odom*  
Kristi M. Odom

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DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - NAME:**

The Name of the Limited Liability Company is Whispering Trails, L.L.C.

**ARTICLE II - ADDRESS**

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

**Principal Office Address:**  
4379 Hwy 273  
Cottondale, Florida 32431

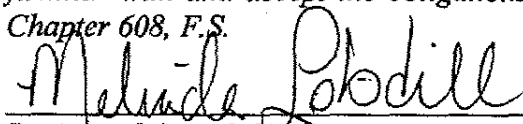
**Mailing Address:**  
4379 Hwy 273  
Cottondale, Florida 32431

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE:**

The name and the Florida street address of the Registered Agent are:

Melinda Lobdill  
~~1937 Gully Creek Road~~ 4379 Hwy. 273  
~~Bonifay, Florida 32425~~ Cottondale, FL 32431

*Having been named as the 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 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

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STATE  
FLORIDA  
MAY 11 2011

**ARTICLE IV - MEMBERS :**

The name and address of the member is as follows:

Melinda Lobdill 4379 Hwy 273, Cottondale, Florida 32431

**ARTICLE V - MANAGER(S) AND/OR MANAGING MEMBERS:**

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

Title:

Name and Address:

MGRM  
(Managing Member)

Melinda Lobdill  
4379 Hwy 273  
Cottondale, Florida 32431

REQUIRED SIGNATURES:

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

Melinda Lobdill  
Typed or Printed Name of Signee

Melinda Lobdill  
Signature of Member or an Authorized  
Representative of a Member

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TALLAHASSEE FLORIDA