## L06000076282

(Re	questor's Name)	
(Ad	dress)	<u>-</u> -
(Ad	dress)	
(Cit	y/State/Zip/Phone	<i>⇒#</i> )
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filling Officer:	
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## COVER LETTER.

TO:	Registration So Division of Co		í	
SUBJI	ECT:	Whimtasti (Name of Limite	C LLC d Liability Company)	
The en	closed Articles o	f Organization and fee(s) are so	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	er to the following:	
		Krist	en Jurdan Name of Person)	
		Lohint	Firm/Company)	
		(	Firm/Company)	
		835 NW	(Address)	
			(Address)	
		(raines v1)	State and Zip Code)	32606
		(City.	/State and Zip Code)	
For fu	ther information	concerning this matter, please		
·	Kristen	Jordan	at (352) 331 (Area Code & Daytime To	2650
	(Name	of Person)	(Area Code & Daytime 1	elephone Number)
Enclos	sed is a check fo	or the following amount:		
<b>]\$</b> 125	5.00 Filing Fee	S130.00 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)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Must end with the words "Limited Liability Company, "Limited	
ARTICLE II - Address: The mailing address and street address of the printing.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
835 NW 1097 Drive baincsville Florida 32606	835 NW 1097 Drive bainesville, Forsda 32606
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	
Kristen Jon Name	dan JUL 3
835 NW 109	
<u>Granes VIIIe</u> City, State, ar	
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
m b R	
11101	Kristen Jordan
	835 NW 10912 Drine bainesville, Florida 32606
	THE THEORY OF THE PROPERTY OF THE PARTY OF T
EV: Effective date, if other than t	he date of filing: (OPTIONAL
EV: Effective date, if other than tective date is listed, the date must	he date of filing: (OPTIONAL t be specific and cannot be more than five business days
E V: Effective date, if other than tective date is listed, the date must lays after the date of filing.)	the date of filing: (OPTIONAL) to be specific and cannot be more than five business days
E V: Effective date, if other than the ective date is listed, the date must lays after the date of filing.)  EEQUIRED SIGNATURE:	t be specific and cannot be more than five business days
E V: Effective date, if other than the ective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memory	t be specific and cannot be more than five business days
E V: Effective date, if other than the ective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a ment of this document contains the ective date.	aber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury
E V: Effective date, if other than the ective date is listed, the date must lays after the date of filing.)  EQUIRED SIGNATURE:  Signature of a memory of this document contract that the facts state	aber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution
EV: Effective date, if other than the ective date is listed, the date must lays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memory discontance with of this document contant the facts state	the specific and cannot be more than five business days  abor or an authorized representative of a member.  section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury and herein are true.)
REQUIRED SIGNATURE:  Signature of a ment  (In accordance with of this document conthat the facts state	section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury in the day.  Typed or printed name of signee

\$160.00