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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corpo				
SUBJECT: (Uhit	nau Construct (Name of Limited	ৈত্ৰ I Liability Company)		
The enclosed Articles of O	rganization and fee(s) are su	ubmitted for filing.		
Please return all correspon	dence concerning this matte	r to the following:		
Mon	roe Whitm	Name of Person)		
	Thitmes Cons		30.9	n
.306%	.,	Woods Blud (Address)	ALLASSEE. FLO	
Tallehe	City	32302 (State and Zip Code)	F. 21	U
For further information co	ncerning this matter, please	call:	", "	
Mouroe W (Name of	hitmou Person)	at (512) 788 (Area Code & Daytime To	OS89 elephone Number)	*·· =
Enclosed is a check for t	the following amount:			
\$125.00 Filing Fee [☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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:
Whitmou Construction LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
3068 Huntryton Woods Blud Tellehassee PL 32303 Tellehassee PL 32303
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:
Movor Whitney 01/18/07
Name
Florida street address (P.O. Box NOT acceptable)
Tallahassen FL 32303
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

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MARM	Monroe Whytman 3068 Huntanton Wards Blad
	Tallahasra FL 32303
	75. 7
	Size 3
(Use attachment if necessary)	v. /
TICLE V: Effective date, if other than the an effective date is listed, the date must be or 90 days after the date of filing.)	e date of filing: <u>///8/07</u> . (OPTIONAL) be specific and cannot be more than five business days pr
REQUIRED SIGNATURE:	
•	
Money	Wholm

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)

Mayron Whitmou
Typed or printed name of signee