Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : LAW OFFICE OF JACK D. KING, P.A.

Account Number : I20070000076

Phone : (941)552-3545 Fax Number : (941)552-1593

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Whitcombe International LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Whitcombe International LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

· 6321 Porter Road, #10 Sarasota, FL 34240

was serviced by the 6321 Porter Road, #10 Taking the more reserved to the Sarasota, FL 34240

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

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

David Whitcombe 6321 Porter Road, #10 Sarasota, FL 34240

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

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

David Whitcombe 6321 Porter Road, #10 Sarasota, FL 34240

MEMBER

Michele Whitcombe 6321 Porter Road, #10 Sarasota, FL 34240

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

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.)

David Whitcombe

Typed or printed name of signee

07 MAY -9 AM 8: 2 SECRETARY OF STATE

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