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(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

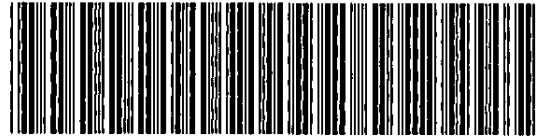
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07 MAY 18 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07 MAY 18 AM 10:54

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

(CLAUDE R. WALKER, ESQ.)

HUEY, GUILDAY & TUCKER, P.A.

P. O. BOX 12500

TALLAHASSEE, FL 32317-2500

Address

Attn: Julie

224-7091

City/State/Zip

Phone #

FILED
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TALLAHASSEE, FLORIDA
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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. WHC, LLC

(Corporation Name)

(Document #)

2. _____

(Corporation Name)

(Document #)

3. _____

(Corporation Name)

(Document #)

4. _____

(Corporation Name)

(Document #)

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☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

ARTICLES OF ORGANIZATION FOR
WHC, LLC
A FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is WHC, LLC.

ARTICLE II - Address:

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

Principal Office Address:

1983 Centre Pointe Blvd., Suite 200
Tallahassee, FL 32308

Mailing Address:

Same

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

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

CLAUDE R. WALKER
1983 Centre Pointe Blvd., Suite 200
Tallahassee FL 32308

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..



CLAUDE R. WALKER

ARTICLE IV – Management:

The name and address of the Manager is as follows:

Title:


MANAGER

Name and Address:

Claude R. Walker
1983 Centre Pointe Blvd., Suite 200
Tallahassee FL 32308

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member:



CLAUDE R. WALKER

(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.)