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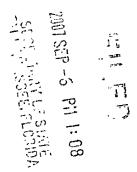
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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W-91480

COVER LETTER

TO: Registration Division o	on Section f Corporations			
SUBJECT: Wh	its Carpentry Consulta	ants LLC d Liability Company)		
	(,, ,		
The enclosed Articl	es of Organization and fee(s) are s	ubmitted for filing.		
Please return all con	respondence concerning this matte	er to the following:		
Charles	s Whitfield			
Onanes		Name of Person)		
White (Carpentry Consultant	te I I C		
vviits c		(Firm/Company)		
28033	County Road 46A			
28933 County Road 46A (Address)				
Sorron	to,FI 32776			
Solien		/State and Zip Code)		
	` •	• ,		
For further informa	tion concerning this matter, please	call:		
Charles Whitfield		at (407) 341-843	30	
	lame of Person)	(Area Code & Daytime To	elephone Number)	
Enclosed is a chec	ck for the following amount:			
□ \$125.00 Filing I	Fee \$\sum \$130.00 \text{ 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

AKTICLE I - Name:			
The name of the Limited Liability Company is:			
Whits Carpentry Consultants 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 pri	incipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
Timerpar Office Address.	Maning Addition.		
28933 county road 46A	Same		
Sorrento ,FI 32776			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register			
business entity with an active Florida registration.)	And right. 1 of man designate at marriada of allower		
The name and the Florida street address of the re	egistered agent are:		
The hame and the Florida street address of the re	gistered agent are.		
Helen Whitfield			
Name			
20022 County Bood 464			
28933 County Road 46A Florida street address (P.O. Box NOT acceptable)			
	less (1.0. box 1401 acceptable)		
Sorrento,FI 32776	FLnd Zip		
City, State, a	nd Zip		
Having been named as registered agent and to a	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		
<i>Q</i>	rformance of my duties, and I am familiar with and		
accept the obligations of my position as regis	tered agent as provided for in Chapter 608, F.S		

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRE)

9407

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR Charles Whitfield 28933 County Road 46A Sorrento FI,32776 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: Sept 4,2007 _____. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

Charles Whitfield

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee