

LD10000097730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

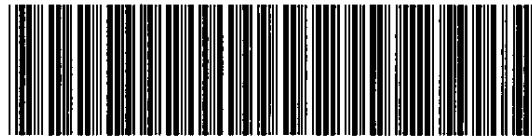
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TALLAHASSEE, FLORIDA

JOHN C. TRENTELMAN

ATTORNEY AT LAW

207 NORTH MAGNOLIA AVENUE

P.O. BOX 5863

OCALA, FLORIDA

34475

REAL ESTATE
PROBATE
GENERAL PRACTICE

TELEPHONE 352-732-6977

FAX 352-732-6981

September 21, 2007

Corporate Records Bureau
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee Florida 32314

Re: WHISPERED WISH WESER-EMS, LLC.

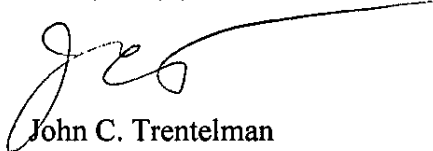
Gentlemen:

Enclosed please find original and one copy of Articles of Organization of the captioned limited liability corporation which I ask that you approve and file.

Also enclosed is a check to your order in the sum of \$155.00 representing statutory filing fee, costs of certifying one copy of the Articles, the filing tax, and certificate of resident agent.

Would you kindly certify the enclosed copy and return it to me.

Very truly yours,



John C. Trentelman

JCT/vmc
enclosure

ARTICLES OF ORGANIZATION
WHISPERED WISH WESER-EMS, LLC
A LIMITED LIABILITY COMPANY
(Pursuant to Chapter 608, Florida Statutes)

1. **Name.** The name of the limited liability company is WHISPERED WISH WESER-EMS, LLC.

2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

18300 NE 45th Ave. Rd., Citra, FL 32113

4. **Mailing Address.** The mailing address of the limited liability company is:

P.O. Box 1315, Citra, FL 32113

5. **Members at Time of Formation.** There will be at least one member at the time the limited liability company is formed.

6. **Period of Duration.** The period of duration shall be perpetual.

7. **Management.** Management of the Limited Liability Company at the time of formation is reserved for the initial member(s). The initial member is Heather Luig, 18300 NE 45th Ave. Rd., (P.O. Box 1315), Citra, FL 32113

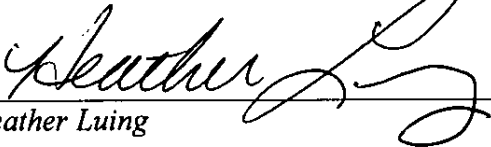
9. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida Street address of the registered agent are::

Heather Luig
18300 NE 45th Ave. Rd.
Citra, FL 32113

Having been named as registered agent and to accept service of process for the above

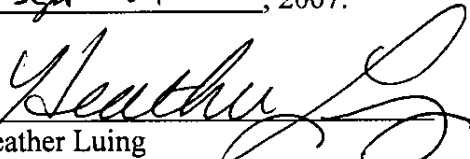
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stated limited liability company at the place designated in this Certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper 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.


Heather Luong

8. **Effective Date.** The effective date of the limited liability company shall be:

Sept 21, 2007.


Heather Luong
Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)

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