

L07000122873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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Office Use Only



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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK 12/12

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

850-222-2785

City/St/Zip

Phone #

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TALLAHASSEE, FLORIDA

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1- TWO SISTERS, LLC
- 2-
- 3-
- 4-

☒ Walk-in      ☐ Pick-up time ASAP      ☐ Certified  
☐ Mail-out      ☐ Will wait      ☐ Photocopy      ☒ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<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

Examiner's Initials

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TWO SISTERS, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Drennen L. Whitmire, Jr., Esquire

(Name of Person)

Haile, Shaw & Pfaffenberger, P.A.

(Firm/Company)

660 U.S. Highway One, Third Floor

(Address)

North Palm Beach, FL 33408

(City/State and Zip Code)

For further information concerning this matter, please call:

Drennen L. Whitmire, Jr., Esquire at ( 561 ) 627-8100  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 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 Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME:** The name of the Limited Liability Company is:

**TWO SISTERS, LLC**

**ARTICLE II - Address:** The mailing address and the street address of the principal office of the Limited Liability Company is:

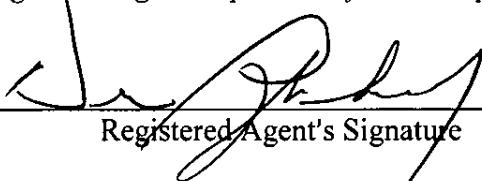
c/o Ned S. Scherer, CPA  
Kaiser, Scherer & Schlegel, PLLC  
1410 Spring Hill Road, Suite 400, McLean, VA 22102.

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:** The name and the Florida street address of the registered agent are:

Drennen L. Whitmire, Jr., Esquire  
Name  
660 U.S. Highway One, Third Floor  
Florida street address (P. O. Box **NOT** acceptable)  
North Palm Beach, FL 33408  
City State, and Zip

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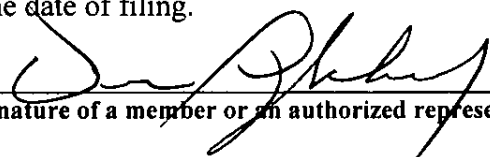
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision of all statutes relating to the property 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

**ARTICLE IV - Management (Check box if applicable.)**

☒ The Limited Liability Company is to be managed by one or more managers and is therefor, a manager-managed company.

**ARTICLE V - Effective Date of Existence:** The Effective Date of the Limited Liability Company's existence shall be upon the date of filing.

  
\_\_\_\_\_  
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.)

Drennen L. Whitmire, Jr., Esquire  
Typed or printed name of signee