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COVER LETTER

	ation Section 1 of Corporations		
_{subject:} La	rry K. White, LLC		
		Liability Compan	y)
The enclosed Art	icles of Organization and fee(s) are su	bmitted for filing.	
Please return all	correspondence concerning this matter	to the following:	
Larry I	K. White, Esquire		
	(N	lame of Person)	
Larry	K. White, LLC		
		irm/Company)	
1501	East Park Avenue, Suite	e A	
		(Address)	
Tallah	assee, Florida 32301		
	(City/	State and Zip Code)	
For further inform	nation concerning this matter, please c	all:	
Larry K. White		at (850)	577-3230
	(Name of Person)		& Daytime Telephone Number)
Enclosed is a ch	neck for the following amount:		
\$125.00 Filing	Fee \$\int_\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy i	Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bui 2661 Exect	Corporations

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY/COMPANIZE

	TALLAHASSEE, FLORI
ARTICLE I - Name:	
The name of the Limited Liability Compa	ny is:
Larry K. White, LLC	
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1501 East Park Avenue, Suite A	1501 East Park Avenue, Suite A
Tallahassee, Florida 32301	Tallahassee, Florida 32301
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	n Registered Agent. You must designate an individual or another f the registered agent are:
Larry K. White	
	Name
1501 East Park	Avenue, Suite A
	
	eet address (P.O. Box NOT acceptable)
Tallahassee Flo	•
<u>Tallahassee, Flo</u>	orida 3 <u>2</u> 301
City,	orida 32301 State, and Zip
City, S Having been named as registered agent as	orida 32301 State, and Zip and to accept service of process for the above stated limited
City, S Having been named as registered agent as liability company at the place designate	State, and Zip nd to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as
City, S Having been named as registered agent an liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and compl	orida 32301 State, and Zip and to accept service of process for the above stated limited

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
MGRM Larry K. White	1501 East Park Avenue, Suite A	
	Tallahassee, Florida 32301	
	· · · · · · · · · · · · · · · · · · ·	
		
	•	
(Use attachment if necessary)		

ARTICLE V: Effective date, if other than the date of filing: November 1, 2008. (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 that the facts stated herein are true.)

Larry K. White

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)