"L090000 10961

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
EED A soon

Office Use Only

EXAMINER



100142358231

02/02/09--01021--007 **130.00

109 FEB - 2 PM I2: 36

COVER LETTER

TO: Registration Division of C				
SUBJECT: Pat W	/hite Enterprises, L			
	(Name of Limit	ed Liability Compa	any)	
The enclosed Articles	of Organization and fee(s) are	submitted for filing	3.	
Please return all corres	spondence concerning this matt	er to the following	<i>:</i>	
Pat White)		1	
		(Name of Person)		
Pat White	e Enterprises, LLC			 21
		(Firm/Company)		2009 FEB
214 SW F	Petunia Place			AR EB
		(Address)		
Lake City	, FL 32025			C.F.C.S.
	(Cit	y/State and Zip Code	:)	
For further information	n concerning this matter, please	e call:	. ,	
Pat White		at (352 .	221-0296	
(Nam	ne of Person)	(Area Code	& Daytime Telephone Nun	nber)
Enclosed is a check t	for the following amount:			·
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	py Certification (certification)	Filing Fee, ate of Status & Copy at copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporations uilding cutive Center Circle ee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Pat White Enterprises, LLC				
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")	-		
ARTICLE II - Address:				
The mailing address and street address of the prin	ncipal office of the Limited Liability (Company is:		
	产额	109		
Principal Office Address:	Mailing Address:	A) ecreion		
214 SW Petunia Place	7			
Lake City, FL	214 SW Petunia Place	_\(\doldsymbol{\chi}\)		
	Lake City, FL	<u> </u>		
32025	32025	_ <u>×</u>		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an individual or ar	tur₩		
	gistered agent are.	•		
Pat White				
· Name				
214 SW Petunia Plac	e			
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)			
Lake City, FL 32025	FI.			
City, State, an	nd Zip			
Having been named as registered agent and to a				

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..

Registered Agent's Signature (REQUIRED)

(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:

Lake City, FL 32025	2009 FEB
32025	200 Tri
 	700 700
	<u> </u>
	100,000
	——————————————————————————————————————
	——————————————————————————————————————
	——————————————————————————————————————
	- 등을 ਨ
	言語の

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.)

Pat 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)