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EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	711/713 50 Name of Limi	WHYICH, LLC ted Liability Company		
The enclosed Articles of C	Organization and fee(s) are	submitted for filing.		
Please return all correspon	dence concerning this mat	tter to the following:	,	ت
Jerr	ey Gibbons	Name of Person	090	NISION
	•	,		97
	gu.		ω 	
		Firm/Company		9 3
918	Pottawaton	112 Street		5
		Address		
_ Jupi	ter, fil 331	158		_
	Ci	ty/State and Zip Code		
<u> </u>	E-mail address: (to be used	158 ty/State and Zip Code 10. Fan . Com for future annual report notification	n)	_
For further information con				
Je Hrey Gr	blans	_at (<u>56/</u> <u>74'</u> Area Code & Daytime 1	7-0220	
plame of i	Person	Area Code & Daytime 7	Celephone Number	
Enclosed is a check for t	he 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 Addre Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is	:
Must end with the words "Limited Liab	1cw, UC ility Company," "L.L.C." or "LLC.")
ARTICLE II - Address:	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
918 Pottawalomie SNeet Jupiter, FL 33458	918 Pottawatomic Street Jupiter, FL 33458
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another registered agent are:
The name and the Florida street address of the	registered agent are:
Je Hrey Gibk Name	2U/S
918 Pottauxtor Florida street address (P.O	niè Street D. Box NOT acceptable)
Lupiter City, State, a	FL 33458 and Zip

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 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.

Régistered 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR — Ivialiaging ivieniber	Hilda Gibbons 918 Pottawatomie Street Jupiter, FL 33458
	
(Use attachment if necessary)	
ICLE V: Effective date, if other than the n effective date is listed, the date must be 90 days after the date of filing.)	e date of filing: (OPTIONAL) se specific and cannot be more than five business days p
REQUIRED SIGNATURE:	
(In accordance with se	ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein are true.)
Jethrey	•
\$125.00 Filing Fee for Articles of Orga of Registered Agent	nization and Designation

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)