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(Requestor's Name)		
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PICK-UP	☐ WAIT ☐ MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status	
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Special Instructions t	to Filing Officer:	

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EFFECTIVE DATE 11 2010

B. KOHR
DEC 31 2009
EXAMINER



EFFECTIVE DATE 1 1 2010

ACCOUNT NO. : I2000000195		
REFERENCE: 237863 9571A		
REFERENCE: 237863 9571A AUTHORIZATION: Line Bole was		
COST LIMIT : \$ 450.00		
ORDER DATE: December 31, 2009		
ORDER TIME : 1:01 PM		
ORDER NO. : 237863-005		
CUSTOMER NO: 9571A		
DOMESTIC FILING		
NAME: WHERRELL 41, LLC		
EFFECTIVE DATE: 01/ 1 /10		
ARTICLES OF INCORPORATION		
CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
XX CERTIFIED COPY		
PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING		
CONTACT PERSON: Carina L. Dunlap - EXT. 2951		
EXAMINER'S INITIALS:		

EFFECTIVE DATE 1/1 2010.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Wherrell 41, LLC (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")		
	y company, casses, in since y	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1254 SW 24th Avenue	1254 SW 24th Avenue	
Okeachobee, FLorida 34974	Okeechobee, Florida, 34974	
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or mother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Gwendolyn Chandiér Name		
1254 SW 24th Avenue		
Florida street address (P.O. Box NOT acceptable)		
Okeachobee, FL		
City, State, and Zip		
liability company at the place designated in it registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis Registered Agent's Signat		
(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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Gwendolyn Chandler 1254 SW 24th Avenue Okeechobee Florida 34974 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: JANUARY 1, 2010 (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 pensities of perjury that the facts stated herein are true.) Gwendotyn Chandler Typed or printed name of signee \$125.00 Kiling Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)