110000040999

. (F	Requestor's Name)	
	·	
(A)	(ddress)	
(A	(ddress)	
·		
(0	ity/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(B	usiness Entity Nam	e)
(C	Occument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
·		
	·	

Office Use Only



900175713909

04/15/10--01012--007 **160.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

D. BRUCE

APR 16 2010

EXAMINER

COVER LETTER

то:	Registration Division of C							
SUBJ	ECT: Wherre	II Enterprises, LLC					_	
		Name of Limit	ed Liability Cor	npany				
The en	closed Articles	of Organization and fee(s) are	submitted for fi	ling.				
Please	return all corres	pondence concerning this mat	ter to the follow	ing:				
	Devin R. Max	kwell, Esquire						
			Name of Person					-
-	Maxwell & M	axwell, P.A.						_
			Firm/Company					
	405 NW 3rd	Street						_
			Address					
	Okeechobee	, Florida 34972				F A	70	_
		Cit	y/State and Zip C	ode		AHA	APR	#:-
	Okeechobeel	awyer@yahoo.com E-mail address: (to be used)	for future annual i	renort notification	-)	SI	-5-	
For fu	ther information	concerning this matter, pleas		eport nonneation	.,	COF ST	PH	, רו
Devir	n R. Maxwell		at (863	₁ 763-111	9	PATE ORID	** ****	****
<u> </u>		of Person		ode & Daytime T		nber		
Enclo	sed is a check f	or the following amount:						
□\$ 125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fi Certified ((additional o		Certifie	Filing Foate of State of Copy all copy is e	atus &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Divisi Clifto 2661	Courier Address ration Section on of Corporati n Building Executive Center cassee, FL 3230	ions er Circle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

rises, LLC		
ist end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")	
dress:		
	of the principal office of the Limited L	iability Company is:
Address:	Mailing Address:	
	107 SW 2nd Street	
974	Okeechobee, Florida 34974	
ompany cannot serve as its of active Florida registration.)	gistered Office, & Registered Agent own Registered Agent. You must designate an indi of the registered agent are: CPA Name	vidual or another 10 APR 15 TALLAHASSE
ompany cannot serve as its cactive Florida registration.) Florida street address Paula M. Younger, 203 SE 2nd Avenu	gistered Office, & Registered Agent own Registered Agent. You must designate an indi of the registered agent are: CPA Name	vidual or another 10 APR 15 SECRETARY ALLAHASSE
1	st end with the words "Limidress: s and street address of	dress: s and street address of the principal office of the Limited L ddress: Mailing Address: 107 SW 2nd Street

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..

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:

<u>Title:</u> "MGR" = Man	nager	Name and Address:
	anaging Member	
MGRM		M. Chad Wherrell
	_	107 SW 2nd Street
		Okeechobee, Florida 34974
MGR		Landy D. Wherrell
		107 SW 2nd Street
		Okeechobee, Florida 34974
	 _	
	nt if necessary) ye date, if other than the	e date of filing: (OPTIONAL)
n effective date is		e specific and cannot be more than five business days p
in effective date is r 90 days after the	date of filing.) SIGNATURE:	7ALL 00
in effective date is r 90 days after the	date of filing.) SIGNATURE:	7ALL 00
in effective date is r 90 days after the	date of filing.) SIGNATURE:	Local SSP 5
n effective date is r 90 days after the	SIGNATURE: Signature of a member (In accordance with see	er or an authorized representative of a member oction 608.408(3), Florida Statutes, the execution it itutes an affirmation under the penalties of perjurent
n effective date is r 90 days after the	SIGNATURE: Signature of a member of this document const	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution ctitutes an affirmation under the penalties of perjurence are true.)

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)