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Office Use Only



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SECRETARY OF STATE
TAIL LAHASSEE, FLORIDA

COVER LETTER

| TO: Registration Se Division of Con | | | |
|--|---|---|--|
| SUBJECT: Whitin | g Solutions LLC | | |
| | Name of Limi | ted Liability Company | |
| The enclosed Articles of | Organization and fee(s) are | submitted for filing. | |
| Please return all correspo | ondence concerning this mat | tter to the following: | |
| Violetta A | nn Whiting | NCD | |
| | | Name of Person | |
| Whiting S | olutions LLC | | |
| | | Firm/Company | |
| P O Box 3 | 32 | | |
| | | Address | _ |
| Fort Walton | Beach, FL 32549 | 9-0332 | |
| | Ci | ty/State and Zip Code | |
| viwnc@aol.c | | | |
| | E-mail address: (to be used | for future annual report notification) | |
| For further information co | oncerning this matter, pleas | e call: | |
| Violetta Whiting | | at (850) 585-8247 | |
| Name of | Person | Area Code & Daytime Tele | phone Number |
| Enclosed is a check for | the 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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301 | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 30, 2012

VIOLETTA ANN WHITING PO BOX 332 FORT WALTON BEACH, FL 32549-0332

SUBJECT: WHITING SOLUTIONS LLC

Ref. Number: W12000005532

We have received your document for WHITING SOLUTIONS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 012A00002902

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Li | ability Company is: | | | |
|--|---|--|--|---|
| VIOLETT (Must end with | the words "Limited Liabili | ty Company, "L.L.C.," or "LLC.") | ioNs | LL! |
| ARTICLE II - Address: The mailing address and str | eet address of the pri | incipal office of the Limited L | iability Con | mpany is: |
| Principal Office Address: | | Mailing Address: | | |
| 8781 Navarre Parkway Navarre, FL 32566 | | P O Box 332 Fort Walton Beach, FL 3254 | 19-0332 | |
| (The Limited Liability Company can business entity with an active Florida St. The name and the Florida st. Violett | not serve as its own Registe la registration.) | | vidual or anoth SECINE I AINY FALLAHASSI | er |
| 0701 | | ress (P.O. Box <u>NOT</u> acceptable) | FLO | ຊີ () ເຂດ ເຂດ ເຂດ ເຂດ ເຂດ ເຂດ ເຂດ ເຂດ ເຂດ ເຂດ |
| Navarr | | _{FL} 32566 | | |
| | City, Sta | te, and Zip | | |
| liability company at the registered agent and agree statutes relating to the pro | place designated in th to act in this capacity per and complete per | accept service of process for the his certificate, I hereby accept to I further agree to comply with formance of my duties, and I a tered agent as provided for in | the appointn th the provis um familiar v | nent as sions of al with and |

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

| "MGR" = Manager | Name and Address: |
|--|--|
| "MGRM" = Managing Member | |
| | |
| MGRM | Violetta Ann Whiting #A283624 |
| | P O Box 332 |
| | Ft Walton Beach, FL 32549-0332 |
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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)