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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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SEGRETARY OF STATE
ALLAMASSEE, FLORID;

C. LEWIS

MAY 3 0 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	magnetic of the control of the contr
SUВЛ	ECT: Whitetail Sales &	Leasing, LLC.
	Name of	Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
. Please	return all correspondence concerning th	is matter to the following:
	Parker E. Armstrong	Name of Person
	Whitetail Sales & Le	
		Firm/Company
	636 Monte Cristo Bo	
•		Address
;	St. Petersburg, FI 33715	Charles and Charles
	jamiemc@tampabay.rr.co	City/State and Zip Code
		used for future annual report notification)
For fur	ther information concerning this matter,	please call:
Tyle	r S. Wolas, Esq	at (727) 831-0173
	Name of Person	Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amou	nt:
\$125.00	Filing Fee \$130.00 Filing Fee Certificate of Stat	
	Mailing Address Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

, LLC. lity Company, "L.L.C.," or "LLC.")		
rincipal office of the Limited Liab	ility Com	ıpany is
Mailing Address:		
636 Monte Cristo Boulevard St. Petersburg, Fl 33715	<u> </u>	
egistered agent are:	-4.00	
	ALC:	2 M
rkway Ste. 6	HASSE TARY	MAY 29
iress (P.O. Box <u>NOT</u> acceptable)		PH
_ _{FL} 33762 ate, and Zip	LONDA STATE	PH 12: 1.1
	ity Company, "L.L.C.," or "LLC.") Mailing Address: 636 Monte Cristo Boulevard St. Petersburg, Fl 33715 HOffice, & Registered Agent's Silered Agent. You must designate an individual registered agent are: rkway Ste. 6 Iress (P.O. Box NOT acceptable) FL 33762	ity Company, "L.L.C.," or "LLC.") Incipal office of the Limited Liability Company, "L.L.C.," or "LLC.") Mailing Address: 636 Monte Cristo Boulevard St. Petersburg, FI 33715 I Office, & Registered Agent's Signature lered Agent. You must designate an individual or another registered agent are: TKWAY Ste. 6 Iress (P.O. Box NOT acceptable) FL 33762

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

FILED 12 MAY 29 PH 12: 41

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

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

636 Monte Cristo Blvd. St. Petersburg, FI 33715	ersburg, FI 33715
•	

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Parker E Amstrono
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)