## 112000086639

(Re	equestor's Name)	··
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL 2 2012

EXAMINER

## **COVER LETTER**

TO:	Registration of	on, Section f Corporations	٤		ar ¥°	ý
รบหม้	iTire,	LLC.				ú
5030		Name of Limite	d Liability Comp	any		
The en	closed Article	es of Organization and fee(s) are s	submitted for filin	ıg.		
Please	return all cor	respondence concerning this matte	er to the following	g:		
	Robin Wh	yte				
			Name of Person			
	iTire, LLC	•				
			Firm/Company	·		
	8788 Clu	b Estates Way				
	<del></del>		Address			
	Lake Wort	h, FL 33467				
		<u> </u>	/State and Zip Cod	е		
·	rwnyte.biz	@gmail.com  E-mail address: (to be used for	or future annual ren	art natification)	- IAIL	<del>-</del>
T 6				on nonneadon)	CRE CAH	רי 🥫
ror tur	tner informat	ion concerning this matter, please	caii:		IAR ASS	20
Robii	n Whyte		561	346-6637	E. G.	e s
	Na	me of Person	Area Code	e & Daytime Telephone	Number &	ي ب
Enclos	sed is a check	k for the following amount:			A .	
\$125.00	) Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filit Certified Co (additional cop	ppy Cert by is enclosed) Cert	0.00 Filing F tificate of Star tified Copy litional copy is cr	tus &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Exc	ourier Address ion Section of Corporations Building ecutive Center Circle see, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

iTire, LLC.				
(	(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	<del></del>	
ARTICLE II - A		he principal office of the Limited L	iability Comp	any is
Principal Office	e Address:	Mailing Address:		
8788 Club Esta	ites Way	8788 Club Estates Way		
(The Limited Liability	Registered Agent, Regist	tered Office, & Registered Agent Registered Agent. You must designate an indi	's Signature:	
ARTICLE III - (The Limited Liability business entity with	Registered Agent, Regist y Company cannot serve as its own an active Florida registration.) he Florida street address of	tered Office, & Registered Agent Registered Agent. You must designate an indi	's Signature: vidual or another	
ARTICLE III - (The Limited Liability business entity with	Registered Agent, Regist y Company cannot serve as its own an active Florida registration.) he Florida street address of Robin Whyte	tered Office, & Registered Agent Registered Agent. You must designate an indi the registered agent are:	vidual or another	,
ARTICLE III - (The Limited Liability business entity with	Registered Agent, Regist y Company cannot serve as its own an active Florida registration.) he Florida street address of Robin Whyte	tered Office, & Registered Agent Registered Agent. You must designate an indi the registered agent are:	vidual or another	entering entering
ARTICLE III - (The Limited Liability business entity with	Registered Agent, Regist y Company cannot serve as its own an active Florida registration.) ne Florida street address of Robin Whyte N 8788 Club Estates Wa	tered Office, & Registered Agent Registered Agent. You must designate an indi the registered agent are:	's Signature: vidual or another SECNILIARY OF STA	

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:

MGRM	Robin Whyte	
	8788 Club Estates Way Lake Worth, FL 33467	_
MGRM	Lizmary Whyte	
	8788 Club Estates Way	
	Lake Worth, FL 33467	_
MGRM	John F. Kennedy	12
	9273 Olmstead Dr.	ਵੂ
	Lake Worth, FL 33467	
MGRM	Deborah H. Kennedy	7. K
<del></del>	9273 Olmstead Dr.	
	Lake Worth, FL 33467	
(Use attachment if necessary	<b>→</b> (1)	
LEV: Effective date, if other	r than the date of filing: (OPT)	ION

**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.)

Robin Whyte

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)