L1200013302H

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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FILED
12 OCT 16 PM 12: 00
SECRETARY OF STATE

JPK White Homes LLC

11892 Walker Avenue Seminole, Florida 33772 727-776-1601 www.jpkhomes@hotmail.com

October 10, 2012

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: LLC Registration

To Whom It May Concern:

Enclosed are the necessary forms required to establish a Florida Limited Liability Company. Also enclosed is a check for the filing fee and the Certificate of Status. The address for the proposed LLC and daytime phone number are listed above.

Sincerely,

Kelly Meros Shaw

COVER LETTER

TO: Registration Se Division of Cor	ction porations hite Homes L	I.C.		
SUBJECT: Name of Limited Liability Company				
The enclosed Articles of	Organization and fee(s) are	submitted for filing.		
Please return all correspo	ndence concerning this ma	tter to the following:		
Kelly Merc	s Shaw			
		Name of Person		
JPK Home	es LLC	3.7 3.33.1		
		Firm/Company		
11892 Wa	alker Ave.	, ,		
<u> </u>		Address		
Seminole Flor	rida 33772			
City/State and Zip Code				
jchannon7@a				
	E-mail address: (to be used	for future annual report notification)		
For further information co	oncerning this matter, pleas	e call:		
odee Hannon		at (727) 398-14	146	
Name of	Person	at (<u>727</u>) <u>398-14</u> Area Code & Daytime Te	lephone 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)	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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of t	- Name: he Limited Liability Company is:
	te Homes LLC
	A4 - 1 - 24 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 2 - 1 - 1
	(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
11892 Walker Ave.	11892 Walker Ave.
Seminole, FL 33772	Seminole, FL 33772

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Kelly Meros Shaw
Name

13938 Egret Lane
Florida street address (P.O. Box NOT acceptable)

Clearwater
FL 33762
City, State, and Zip

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 fumiliar 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

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member MGRM Jodee Hannon

MGRM

Kelly Meros Shaw

13938 Egret Lane

Glearwater, FL 33762

11892 Walker Ave.

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/10/12 (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 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.)

Kelly Meros Shaw 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)