

L 12000137175

(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:

A. LUNT

OCT 29 2012

EXAMINER

Office Use Only



400241042554

10/25/12--01030--029 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 OCT 25 PM 4:08

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Whitehall Ortega, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John T. Sefton

Name of Person

Sheftall & Torres, P.A.

Firm/Company

1 Independent Drive, Suite 3201

Address

Jacksonville, Florida 32202-5206

City/State and Zip Code

sefton@sheftalltorres.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John T. Sefton

Name of Person

at (855) 996-9699

Area Code & Daytime Telephone 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 Circle
Tallahassee, FL 32301

2012 OCT 25 PM 4:56
STATE OF FLORIDA
TALLAHASSEE, FL 32301

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Whitehall Ortega, LLC

(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:

5772 Timuquana Road
Jacksonville, FL 32210-8059

Mailing Address:

5772 Timuquana Road
Jacksonville, FL 32210-8059

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:

Matthew E. Kenyon

Name

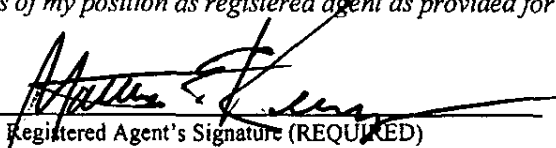
5772 Timuquana Road

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32210-5343

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 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)

FILED
2012 OCT 25 PM 4:53
STATE
TALLAHASSEE, FLORIDA

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

Name and Address:

MGR

Matthew E. Kenyon
5772 Tamiquana Road
Jacksonville, FL 32210-8059

MGR

G. John Carey
1022 Park Street, Suite 407
Jacksonville, FL 32204

MGR

Charles N. Hendrix
569 Edgewood Avenue, South
Jacksonville, FL 32205-5332

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: October 23, 2012. (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.)

Matthew E. Kenyon

Typed or printed name of signer

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)