

L13000034573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

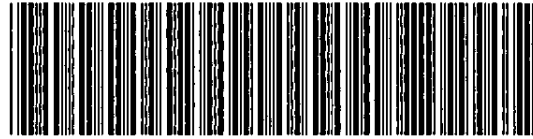
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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C. LEWIS
MAR - 7 2013
EXAMINER

LARRY J. GONZALES, P.A.
ATTORNEY AT LAW
1007 U. S. HIGHWAY 19
HOLIDAY, FLORIDA 34691

LL.M. Taxation

727-791-8002
727-940-5817 (Facsimile)
lgonzales@lgonzaleslaw.com

March 4, 2013

Registration Section
Divisions of Corporations
P. O. Box 6327
Tallahassee, FL 32314

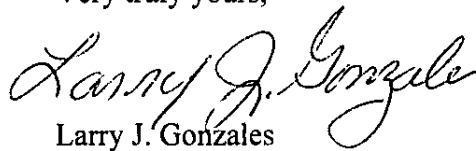
Re: Whitmer & Whitmer, LLC

Dear Sir or Madam:

Enclosed please find your form Cover Letter and the Articles of Organization for Florida Limited Liability Company to be filed for Whitmer & Whitmer, LLC. Also enclosed is our client's check in the amount of \$130.00 for the filing fee and a Certificate of Status.

Should you have any questions or comments, please do not hesitate to contact me.

Very truly yours,


Larry J. Gonzales

LJG/mal
Enclosures

cc: Mr. and Mrs. Jack Whitmer via e-mail (w/enclosures)

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Whitmer & Whitmer, 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:

Larry J. Gonzales, Esq.

Name of Person

Larry J. Gonzales, P.A.

Firm/Company

1007 U.S. Highway 19

Address

Holiday, FL 34691

City/State and Zip Code

lgonzales@lgonzaleslaw.com

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

For further information concerning this matter, please call:

Larry J. Gonzales

Name of Person

at (**727**) **791-8002**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Whitmer & Whitmer, 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:

1557 Eagles Reach

Tarpon Springs, FL 34688

Mailing Address:

1557 Eagles Reach

Tarpon Springs, FL 34688

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:

Larry J. Gonzales, Esquire

Name

1007 U.S. Highway 19

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

Holiday, FL 34691

FL

City, State, and Zip

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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)

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

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

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Managing Member

Jack Whitmer

1557 Eagles Reach

Tarpon Springs, FL 34688

Managing Member

Joell Whitmer

1557 Eagles Reach

Tarpon Springs, FL 34688

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

JACK WHITMER

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)