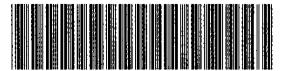
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| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Ві                     | ısiness Entity Nar | me)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | Certificates       | s of Status |
| Special Instructions to | Filing Officer:    |             |
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TALLAHASSE FLORIDA

(850) 245+6051.

#### **COVER LETTER**

TO:

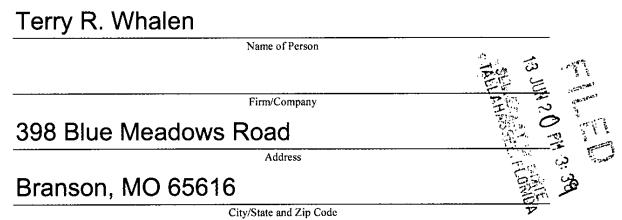
Registration Section **Division of Corporations** 

## Γ&ΤWhalen Properties 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:



amishcountrystore@centurytel.net

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

For further information concerning this matter, please call:

Terry R. Whalen

417 \ 335-1020

Name of Person

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY C ARTICLE I - Name: The name of the Limited Liability Company is: T & T Whalen Properties 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: Mailing Address:** 40 Sarasota Street 40 Sarasota Street Destin, Florida 32550 Destin, Florida 32550 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: Tracy Whalen Name 40 Sarasota Street Florida street address (P.O. Box NOT acceptable) Destin, Florida 32550 <sub>FL</sub> 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)

Page 1 of 2

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

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

| "MGR" = Manager                    | ·  |
|------------------------------------|--|
| "MGRM" = Managing Membe            | г  |
| MGRM                               | Terry R. Whalen  |
|                                    | 398 Blue Meadows Road                                  |
|                                    | Branson, MO 65616                                      |
| MGRM                               | Tracy Whalen   |
| <del></del>                        | 40 Sarasota Street                                     |
|                                    | Destin, Florida 32550                                  |
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| (114-14:6                          |  |
| (Use attachment if necessary)      |  |
| LE V: Effective date, if other the | han the date of filing: (OPTIONA                       |
| ffective date is listed, the date  | e must be specific and cannot be more than five busine |
| or 90 days after the date of fil   | <del>_</del>   |
| •                                  | 87   |
|                                    |  |
| REQUIRED SIGNATURE:                |  |
|                                    |  |
|                                    |  |
|                                    |  |

(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.)

Tracy Whalen

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)