# L1300091732

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
☐ WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certificates	s of Status			
Special Instructions to Filing Officer:				
	dress)  dress)  //State/Zip/Phone  WAIT  siness Entity Nar  cument Number)			

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### **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: W	HITE POWEY Name of Limite	- L_C d Liability Company	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	oondence concerning this matte	er to the following:	
	Michael Pu	Name of Person	型 5
	General	Construction Firm/Company	26
	276 Big R	ye Rd Address	7 7 7 5 5
	Monticelle	0 FL 32344 y/State and Zip Code	· ·
		4 x 4 @ a 0 /. Con or future annual report notification)	1
For further information	concerning this matter, please	call:	
	Puvvi S of Person	at ( <u>850</u> ) <u>545 - U</u> Area Code & Daytime Telep	0757 hone 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, El. 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building	

Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WHITE POWER L (Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
MONTICELLO FL. 32344	276 BIG HYE LD. MONTKACO FL. 32344	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:		
M/CHAEL Name	Puruis	
Name  276 B16 h7E  Florida street addition  MONT ICEUD  City, Sta	Star Or i	
liability company at the place designated in the registered agent and agree to act in this capaciall statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S	

(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: Title: Name and Address:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGHM

MGHM

MICHAEC PUPUS

276 BIG RIC RD.

MONTICETCO FC. 32344

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

(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.)

Michael Purvis
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)