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Office Use Only



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SECRETARY OF STATE

T. Burch JAN - (7, 2018)

## **COVER LETTER**

TO:	Registration Section Division of Corporations		·
SUBJI	ECT: Whitbread Holdings LLC Name of Lie	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	Neale Whitbread	Name of Person	<del>,</del>
	Whitbread Holdings LLC	Firm/Company	
	863 Kettering Road	Address	
	Davenport FL 33897	City/State and Zip Code	
	arie@essexmanagement.net E-mail address: (to be use		tion)
ror lug	ther information concerning this matter, ple	ase call:	
<u>Neale</u>	Whitbread at (at (	863 <u>582 1421</u> Area Code Daytime Tel	ephone Number
_	ed is a check for the following amount:  0 Filing Fee   \$\sum_{\text{\$130.00}}\$ \text{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 Addr Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ions er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Whitbread Holdings LLC		
(Must end with the words "I	Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
863 Kettering Road	863 Kettering Road	
Davenport FL 33897	Davenport FL 33897	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida reg	its own Registered Agent. You must designate an igistration.)	ndividual or
	-	<del>-1</del>
Whitbread Enterprises	Name	14 SEC
863 Kettering road		AN E
	P.O. Box NOT acceptable)	255 S
Davenport	FL 33897	
City	Zip	LS F
the place designated in this certificate, I hereb capacity. I further agree to comply with the pro of my duties, and I am familiar with and accep	ccept service of process for the above stated limited by accept the appointment as registered agent and divisions of all statutes relating to the proper and continuous the obligations of my position as registered agent. Chapter 605, F.S	gree to act in this inplete performance
(CO)	NTINUED)	

Page 1 of 2

<u>Title:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
mgr	Neale Whitbread
- <del></del>	863 Kettering Road
	Davenport FL 33897
	Davenport 1 E 00001
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	20년 년
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EV: Effective date, if other than the date etive date is listed, the date must be sp	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
(Use attachment if necessary)  EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)  EVI: Other provisions, if any.	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
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E V: Effective date, if other than the date etive date is listed, the date must be sp f filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60)	ember or an authorized representative of a member, 05.0203 (1) (b), Florida Statutes, the execution of this document
EV: Effective date, if other than the date etive date is listed, the date must be sp filing.)  EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under the section of t	ember or an authorized representative of a member, 05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.
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EV: Effective date, if other than the date etive date is listed, the date must be sp filing.)  EVI: Other provisions, if any.  Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felor Neale Whitbrea	ember or an authorized representative of a member.  25.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)

ARTICLE IV-