

L15000058839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

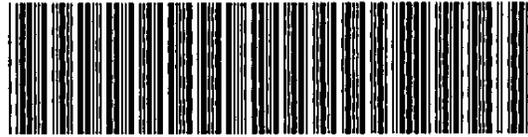
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Mr. Grant gave permission  
to collect eff. date.

*[Signature]*  
4/3

Office Use Only



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03/09/15--01038--032 \*\*125.00

FILED  
15 MAR -9 AM 11:04  
REGISTRATION DIVISION  
MICHIGAN DEPARTMENT OF TREASURY

M. MILLIGAN  
EXAMINER

APR 03 2015



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED  
15 MAR -9 AM 11:04  
RECEIVED  
STATE OF FLORIDA  
TALLAHASSEE

ARTICLE I - Name:

The name of the Limited Liability Company is:

WHITELY'S ENTERPRISE, 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:

11344 SW 157 TERRACE  
MIAMI, FLORIDA, 33157

11344 SW 157 TERRACE  
MIAMI, FLORIDA 33157

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:

CAROL WHITELY

Name

11344 SW 157 TERRACE

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

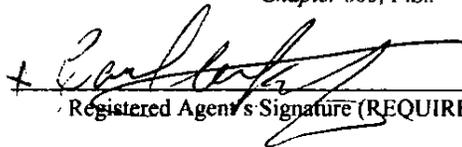
MIAMI

City

FL 33157

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 605, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager <u>AMBR</u>	<u>CAROL WHITELY</u> <u>11344 SW 157 TERRACE</u> <u>MIAMI FLORIDA, 33157</u>
<u>AMBR</u>	<u>ANTOINETTE WHITELY</u> <u>11344 SW 157 TERRACE</u> <u>MIAMI, FLORIDA 33157</u>
<u>AMBR</u>	<u>AYESHA WHITELY</u> <u>11344 SW 157 TERRACE</u> <u>MIAMI, FLORIDA, 33157</u>
<u>AMBR</u>	<u>AKHILA WHITELY</u> <u>11344 SW 157 TERRACE</u> <u>MIAMI FLORIDA 33157</u>

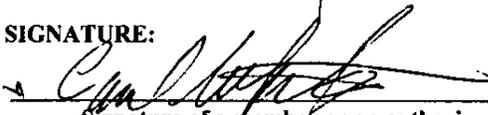
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: MARCH 02-2015. (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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ N/A

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), 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.)

A CAROL WHITELY  
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)

15 MAR -9 AM 11:04  
FILED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA