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(Cit	ty/State/Zip/Phone	₽ <i>#</i> )
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
. (Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: WITE KINGS 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:
Tista Hayles
Name of Person
Firm/Company
4241 West McNab Rd #30
Address
Pompano Beach, FL 33069
City/State and Zip Code  HOUS 1 @ Oromal Coo
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee \$ \$155.00 Filing Fee \$ \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Principal Office Address:	Mailing Address:
ARTICLE II - Address: The mailing address and street address of the principal office of the Limit	ted Liability Company is:
(Must end with the words "Limited Liability Compa	
The name of the Limited Liability Company is:	

THE STATE OF THE S	TVICE THAT ISS.
4241 W. McNab Rd #3) Pompano Beach (FL.	4241 W MC Nob Rd #30 40mpano Boarn Fl

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:

ARTICLE I - Name:

Name

H241 West McNab Rd #-30

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

Pomparo Beach H 330109

City State 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)

Page 1 of 2

DIVISION OF CORPORATION

<b>Title:</b> "AMBR" = Aut "MGR" = Mana	horized Member ger	Name and Address:
AMBR		Tistra Hayles 4241 W Mc Nab Po #30 Fompano Beach, Fl 33069
(Use attachment		
ARTICLE V: Effective of	late, if other than the date of fili	ng: (OPTIONAL) and cannot be more than five business days prior to or 90 days after
the date of filing.)  Note: If the date inserted the document's effective	date on the Department of Sta	e applicable statutory filing requirements, this date will not be listed a te's records.
the date of filing.) Note: If the date inserted	date on the Department of Sta	

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)