

**L1500016872**

Florida Department of State  
Division of Corporations  
Electronic Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)205-8842  
Fax Number : (850)878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED

15 JUL 13 PM 1:58

SECRETARY OF STATE  
MAIL ROOM

SECRETARY OF STATE  
MAIL ROOM

15 JUL 13 AM 8:22

FILED

**FLORIDA LIMITED LIABILITY CO.  
Two Palms LLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

JUL 1 2015

S. GILBERT

Electronic Filing Menu

Corporate Filing Menu

Help

7/13/2015 11:11:29 AM From: To: 8506176381( 2/4 )

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

SUBJECT: Two Palms 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:**

Thomas Dwayne Weehont  
Name of Person

**Finn/Company**

1503 Creekview Drive  
Address

Keller / Texas 76248

DwayneW@sowerofseeds.org  
E-mail address: (to be used for future annual report notification)

**For further information concerning this matter, please call:**

John Anthony at (817) 917-8466  
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**

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15 JUL 13 AM 8:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Two Palms 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:

2399 Strader Road  
Justin, Texas  
76247

Mailing Address:

2399 Strader Road  
Justin, Texas  
76247

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:

C.T. Corporation System  
Name

1200 South Pine Island Road  
Florida street address (P.O. Box NOT acceptable)

Plantation FL 33324  
City 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.*

C.T. Corporation System

By:

Registered Agent's Signature (REQUIRED)

*Jennifer Vincent*

Jennifer Vincent  
Vice President & Assistant Secretary

(CONTINUED)

Page 1 of 2

**ARTICLE IV-**

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

"AMBR" = Authorized Member

Title: "MGR" = Manager

Name and Address:

AMBR

THOMAS DWAYNE WEEHUNT

1503 Creekview DR.

Keller, TEXAS 76248

AMBR

LESLIE CARR WEEHUNT

1503 Creekview DR.

Keller, TEXAS 76248

AMBR

JOHN R. DELIN

2399 Strader Road

JUSTIN, TEXAS 76247

AMBR

DIANA B. DELIN

2399 Strader Road

JUSTIN, TEXA 76247

(Use attachment if necessary)

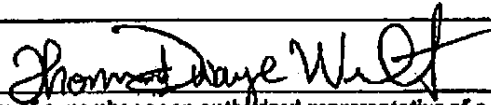
ARTICLE V: Effective date, if other than the date of filing:

(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.

**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.817.135, F.S.)

Thomas Dwayne Weehunt

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)