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2015 SEP -2 PH 1:21

COVER LETTER

Division of Corporations
SUBJECT: WHITE'S HOME SERVICES 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:
ROBERT WHITWEY JR Name of Person
Firm/Company
6628 DEL PRADO TER
Address
NEW PORT RICHEY F-L 34652 City/State and Zip Code RWHITWEY 808@ HoTMAIL . COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ROBERT WHINEY Kat (727) 290-7497 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Sertificate of Status Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WHITE'S HONE SERVICES 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	<u>Addres</u> :	<u>s</u> :
1618 N FORT H	HR15a	N AVE
CLEARWATER		33755

St 6628 DELPRADO TER W PORT PICHEY FL 34652

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:

8-31-15

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Name /

6628 DEL PRADO TER Florida street address (P.O. Box NOT acceptable)

NEW PORT RICHEY FL 3465

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..

(CONTINUED)

Page 1 of 2

The name and address of each per	son authorized to manage and control the Limited Liability Company:
Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Company to
AMBR	LOG DEL DANG TES
	NEW PORT RICHEY FL 34652
1100	NEW PORT RICHE 9 PC 2163 C
MGK	JASON L TIVIS
	723 115th AVEN #2104
	ST PETE FL 33716
	•
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the	the date of filing: $\frac{08/31/2015}{}$. (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
ne date of filing.)	
	es not meet the applicable statutory filing requirements, this date will not be listed as
he document's effective date on the Depar	tment of State's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	\sim
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	of a member of an authorized representative of a member.
	executed in accordance with section 605.0203 (1) (b), Florida Statutes.
	ry false information submitted in a document to the Department of State
	degree felony as provided for in s.817.155, F.S.

Filing Fees:

ROBERT WHITNEY
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)