Division of Corporations Electronic Filing 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.

(((H16000094459 3)))



Doing so will generate another cover sheet.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FILINGS, INC.

Account Number : 072720000101

Phone

: (850)385-6735

Fax Number

: (954)641-4192

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

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FLORIDA LIMITED LIABILITY CO. WHITE EAGLE VENTURES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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Help

H16000094459

ARTICLES OF ORGANIZATION FOR KLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
WHITE EAGLE VENTURES (LE 3 (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:
SS76 ARBOR CLUB WAY SS76 ARBOR CLUB WAY UNIT #3 BOCA RATON, FL. 33433 BOCA RATON, FC. 33423
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;
Jim WHITE
Name
5576 ARBOR CLUB WAY UNIT #3
Florida street address (P.O. Box NOT acceptable)
_BOCA RATOWFL 33433
City Zip
Having been named as registered agent und to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the uppointment 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.
(191 X
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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"AMBR" = Authorized Member	Name and Address:
	Jim WHITE 3376 ARBOR CLUB WAY UNIT BOCK RATON, IL 33433
· ·	
(Use attachment if necessary)	78 TS
CLE V: Effective dute, if other than the date of affective date is listed, the date must be specite of filing.)	the wing cummer we move easy time payment onto being to de 30.08/8 \$1

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)

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TAMES J. WHITE
Typed or printed name of signee