L1600093337

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

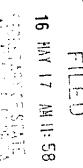
Office Use Only

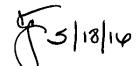
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COVER LETTER

	gistration Section vision of Corporations			
SUBJECT:	Whitewater Management LLC			
SOBJECT.		Limited Liabi	lity Company	
The enclose	ed Articles of Organization and fee(s) are submitted	l for filing.	
Please retur	n all correspondence concerning this	matter to the	following:	
	Dennis C Townsend			
		Name of	Person	
	Whitewater Management LLC			
		Firm/Co	ompany	
	1525 N Church Ave			
		Addı	ress	
	Mulberry FL 33860			
v	vhitewatermgmt@gmail.com	City/State ar	nd Zip Code	
	E-mail address: (to be u	sed for future	annual report notification)	,
For further in	formation concerning this matter, ple	ease call:		
]	Dennis Townsend at	863	698-9068	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed is	a check for the following amount:			
\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	LCertif	ied Copy Certificated Copy is enclosed) Certified	Filing Fee, ate of Status & Copy copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	16 HAY



FILED

16 MAY 17 AN H: 58

SECRETARY OF STATE
LALLAMASSEE, FICKIDA

May 2, 2016

DENNIS C TOWNSEND 1525 N CHURCH AVENUE MULBERRY, FL 33860

SUBJECT: WHITEWATER MANAGEMENT L.L.C.

Ref. Number: W16000026368

We have received your document for WHITEWATER MANAGEMENT L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

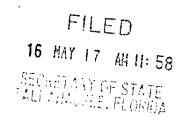
If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 616A00009082

6 MAY 17 MID 5





April 8, 2016

DENNIS C TOWNSEND 1525 N CHURCH AVENUE MULBERRY, FL 33860

SUBJECT: WHITEWATER MANAGEMENT L.L.C.

Ref. Number: W16000026368

We have received your document for WHITEWATER MANAGEMENT L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 416A00007296

16 APR 27 PM 1: 41

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				•
The name of the Limited Liab	ility Company is:			FILED
				16 MAY 1-
Whitewater Manag	gement LLC			16 HAY 17 AN 11: 58
	nd with the words "Limite	d Liability Company	, "L.L.C.," or "LLC.")	DEUR TARY OF CHAPE
				ALLAMA ELPHANA
ARTICLE II - Address: The mailing address and stree	t address of the principal	office of the Limited	Liability Company is:	or a dright.
<u>Princ</u>	cipal Office Address:		Mailing Add	ress:
1525 N Church Av	ve.	1525	N Church Ave.	
Mulberry FL 338			perry FL 33860	
	······			
The name and the Florida stre	Dennis C Townsend	_		
	3732 Tigereye Cour	· · · · · · · · · · · · · · · · · · ·		
	Florida street addres	ss (P.O. Box NOT ac	eceptable)	
	Mulberry	Florida	33860	
	City	State	Zip	
Having been named as registere place designated in this certifica further agree to comply with the am familiar with and accept the	ite, I hereby accept the app provisions of all statutes i	pointment as registere relating to the proper	ed agent and agree to act and complete performan	in this capacity. I ce of my duties, and I
	Denne Regis	tered Agent's Signati		

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	DENNIS C TOWNSEND 3732 TIGEREYE COURT MULBERRY FL 33860
(Use attachment if necessary)	
EV: Effective date, if other than the da ective date is listed, the date must be sof filing.)	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 d
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not but of State's records.
EV: Effective date, if other than the date ective date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exect I am aware that any fail	specific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not but of State's records.
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is exect I am aware that any faconstitutes a third degree.	meet the applicable statutory filing requirements, this date will not be not of State's records. member or an authorized representative of a member. State in accordance with section 605.0203 (1) (b), Florida Statutes. Use information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. Typed or printed name of signce Filing Fees: Organization and Designation of Registered Agent