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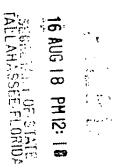
(Requestor's Name)	
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(Document Number)	
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08/18/16--01016--008 **160.00



8/25/16

TO: Registration Section Division of Corporations White's Farm and Agriculture 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: Jovan White Name of Person Firm/Company 386 Amethyst Court Address Lake Mary, FL 32746 City/State and Zip Code jou white a hotmail. com 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:

Mailing Address

\$125.00 Filing Fee

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

\$130.00 Filing Fee &

Certificate of Status

Street Address

\$155,00 Filing Fee &

(additional copy is enclosed)

Certified Copy

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

\$160.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Compan	y is:			
(Must end with the w	's Farm ords "Limited Liab	and Agrillity Company, "	CLL.C.," or "LLC.")	LLC
ARTICLE II - Address: The mailing address and street address of the	he principal office	of the Limited L	iability Company is:	
Principal Office A	<u>Address</u> :		Mailing Ad	dress:
Ralph White 67776 Amos Yulee, FL 320	white Rd		Jovan W 386 Ametr Loke Mury,	hite yst Court FL 32746
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot set another business entity with an active Flor.) The name and the Florida street address of	rve as its own Regi ida registration.) the registered agen	stered Agent. You	s Signature: ou must designate an	16 AUS 18
	386 A.	 مالم. دلم	Court	PH I2: 18
Florida	street address (P.C	D. Box NOT acco	eptable)	F 5
Lal	Ke Maey City	FL	32746	
	City	State	Zip	
Having been named as registered agent and t place designated in this certificate, I hereby a further agree to comply with the provisions of am familiar with and accept the obligations o	ccept the appointm fall statutes relating	ent as registered g to the proper a gistered agent as	agent and agree to ac nd complete performa	ct in this capacity. I nce of my duties, and I

Page 1 of 2

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized	Name and Address: Member	
'MGR" = Manager	1 1.10	
<u>AMBR</u>	<u>Jovan White</u>	
	386 Amethy st	Cart
_	Lake Mary, H	- 32746
AMBR	Ralph White	-
	67776 Amos W	Inite Ro
	Yulee, FL 32	2097
		
	•	
ctive date is listed, the filing.)	her than the date of filing: date must be specific and cannot be more than five business	days prior to or 90
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