1160000221946

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				
-				

Office Use Only



600292920046

12/07/16--01018--012 **130.00

2016 DEC -7 AM 7: 32

SECONDER YOF STATE

TALLAHASSEE, FLORID.

V HERRING DEC - 9 2016

COVER LETTER

	egistration Section ivision of Corporations						
SUBJECT	FunCo Classics LLC						
Name of Limited Liability Company							
The enclos	ed Articles of Organization and fee(s) are submitted for filing.						
Please retu	rn all correspondence concerning this matter to the following:						
	Gregory Whitcher						
	Name of Person						
	FunCo Classics						
	Firm/Company						
	4247 Turtlemound Rd.						
	Address						
	Melbourne,Florida 32934						
	City/State and Zip Code funcoclassicIlc@aol.com						
•	E-mail address: (to be used for future annual report notification)						
For further i	nformation concerning this matter, please call:						
	Greg Whitcher 321 537-0946						
	Name of Person Area Code Daytime Telephone Number						
Enclosed is	s a check for the following amount:						
\$125.00 F	S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)						
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section						

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	TOU	E. I	- N	ame:

The name of the Limited Liability Company is:

2016 DEC -7 AM 7: 32

SECALIARY UP STATE ALLAHASSEE, FLORIDA FunCo Classics LLC (Must end with the words "Limited Liability Company, "L.L.C.," or

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

	Principal Office Address:		Mailing Address:
4247 Turtl	emound Rd. Melbourne, Fl. 329334		4247 Turtlemound Rd. Melbourne, Fl. 32934
(The Limited Liability	stered Agent, Registered Office, & Company cannot serve as its own R y with an active Florida registration.	egistered Ag	Agent's Signature: ent. You must designate an individual or
The name and the Flo	rida street address of the registered a	gent are:	
	Gregory Whitcher		
		Name	
	4247 Turtlemound Rd.		
	Florida street address	(P.O. Box N (OT acceptable)
	Melbourne, Fl. 32934		
	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

FILED ARTICLE IV-The name and address of each person authorized to manage and control the Limited Limit Title: Name and Address: SEUDE TAKE OF STATE "AMBR" = Authorized Member TALLAHASSEE, FLORIDA "MGR" = Manager Gregory Whitcher President 4247 Turtlemound Rd. Melbourne, Fl. 32934 Vice President Elizabeth Whitcher 4247 Turtlemound Rd Melbourne, Fl 32934 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a momper or an authorized representative of a member.

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.817.155, F.S.

Gregory Whitcher

Typed or printed name of signee

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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)