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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
		- Or Otatus
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETS OF THE SECRET

EFFECTIVE DATE 01/01/17

T 12/21/16

COVER LETTER

10:	Division of Corporations						
SUBJEC	Whalen Realty, LLC.						
SOBIL		Limited Liabili	ty Company				
The encl	osed Articles of Organization and fee(s)	are submitted	for filing.				
Please re	eturn all correspondence concerning this	matter to the fe	ollowing:				
	Jerry Pfuntner						
	Name of Person						
		Firm/Co	mpany				
	444 Tall Stand Ct						
		Addre	ess				
	Tallahassee/FL 32312						
	jerry.pfuntner@mc.com	City/State and	i Zip Code				
	E-mail address: (to be u	sed for future a	nnual report notification)				
For furthe	r information concerning this matter, ple	ease call:					
	Jerry Pfuntner	850	933-8750				
	Name of Person	Area Code	Daytime Telephone Number				
Enclosed	is a check for the following amount:						
\$125.00	Filing Fee \$130,00 Filing Fee & Certificate of Status	LCertific	of Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional 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				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabi	lity Company is:		
Whalen Realty, LL	.C.		
(Must en	d with the words "Limited	l Liability Company, "	L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal o	office of the Limited L	iability Company is:
<u>Princ</u>	ipal Office Address:		Mailing Address:
444 Tall Stand CT			all Stand CT
Tallahassee, FL 32	312	<u>Tallah</u>	assee, FL 32312
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an	ny cannot serve as its own	Registered Agent. Yo	's Signature: ou must designate an individual or
The name and the Florida stree	_	i agent are:	
The name and the Florida stree	et address of the registered		
The name and the Florida stree	Jerry Pfuntner 444 Tall Stand CT	Name	eptable)
The name and the Florida stree	Jerry Pfuntner 444 Tall Stand CT		eptable)

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 as provided for in Chapter 605, F.S..

ent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of agreember or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	Title:	Name and Address:	
AMBR Wendy Whalen 444 Tall Stand CT Tallahassee, FL 32312 Lery Pfuntner 444 Tall Stand CT Tallahassee, FL 32312 Levis Effective date, if other than the date of filing: January 1, 2017 (OPTIONAL) Meetive date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Typed or printed name of signee Filing Fees; \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)			
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