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SECRETARY OF STATE

COVER LETTER

	Filing Section ion of Corporations		
SUBJECT: _	WhA Name of Lin	LE TATEREST mited Liability Company	FLLC
The enclosed A	Articles of Organization and fee(s) a	re submitted for filing.	
Please return a	Il correspondence concerning this m	atter to the following:	
_	GAY C TR	Name of Person	
	WHALE IN	TEREST, LLC	<u> </u>
	661 HERDOR	Firm/Company	
		Address	
	CERNETER	FL 33767	
	Chickodeed	City/State and Zip Code 3// O Moi / C d for future annual report notification	on)
For further info	mation concerning this matter, pleas	•	,
	3A/C Thompson	Area Code Daytime Telephone	Number
Enclosed is a c	check for the following amount:		
\$125.00 Filing	g Fee \$\frac{130.00}{\text{Filing Fee & Certificate of Status}}	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address	
	New Filing Section	New Filing Section	
	Division of Corporations P.O. Box 6327	Division of Corporation Clifton Building	ons
	Tailahassee, FL 32314	2661 Executive Cente	r Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
WHALE INTEREST. LLC
(Must contain 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:
661 HARbor Island SAME
(WR. FL 35/61
(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: A
Florida street address (P.O. Box NOT acceptable)
$\frac{\text{City} FL}{\text{State}} = \frac{33767}{\text{Zip}}$
ony only
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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S
had Vandel

(CONTINUED)

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR.	
AMBR	Call Thomas
	THE STATE OF THE S
	OG THEOR ISHING
	CRORNSTER, +L 33/6/
	
(Use attachment if necessary)	-1/ Lilvila
ICLE V: Effective date, if other than the reffective date is listed, the date must late of filing.) Et al. 1f the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be list
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CICLE V: Effective date, if other than the n effective date is listed, the date must listed of filing.) e: If the date inserted in this block does document's effective date on the Department of the country of the country of this document is each of the country of this document is each of the country of t	not meet the applicable statutory filing requirements, this date will not be listened of State's records. The member of an authorized representative of a member. 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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)