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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: New Filing Section Division of Corporations | |
|--|------------|
| SUBJECT: WITE COVCERTS L.C. 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: | |
| Carl Hawkins Name of Person | |
| Owner | |
| Firm/Company | |
| 500 Channel Marker Rd | |
| Address | |
| Maryestner Flordig 32569 City/State and Zip Code | 2017 JUN 2 |
| E-mail address: (to be used for future annual report notification) | 1 L |
| For further information concerning this matter, please call: | P IT |
| | ب. آب |
| Name of Person Area Code Daytime Telephone Number | רנ ס |
| Enclosed is a check for the following amount: | |
| \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | d) |
| Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: |
|--|
| (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: |
| SOOChannel Marker Rd # 7 SOOChannel Marker Rd # 7 Mary esther Flordia Mary esther Flordia 325 Cg |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (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: |
| Carl Hawkins |
| Florida street address (P.O. Box NOT acceptable) Florida street address (P.O. Box NOT acceptable) Mary Order Florida 37569 |
| 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 familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. |
| Registered Agent's Signature (REQUIRED) |

(CONTINUED)

| Title: | Name and Address: |
|---|--|
| "AMBR" = Authorized Member | <u> </u> |
| "MGR" = Manager | Assorball Nichols 950 Donleen St Apt 3 FWB FL, 32547 |
| <u> </u> | Carl Hawkins 500 Channel Marker VO #7 Mary esther Flordia 32569 |
| | |
| | |
| (Use attachment if necessary) | |
| ATTOTACK TO ALL TO ALL ALL ALL ALL ALL ALL ALL ALL ALL AL | offiling: 7-1-17 (OPTIONAL) |
| ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be specthed date of filling.) | cific and cannot be more than five business days prior to or 90 days after |
| Note: If the date inserted in this block does not me | eet the applicable statutory filing requirements, this date will not be listed |
| the document's effective date on the Department of | 1 State's records. |
| ARTICLE VI: Other provisions, if any. | |
| | |
| - | SA 2 |
| | |
| REQUIRED SIGNATURE: | |
| Carl H. | , O. |
| | nber or an authorized representative of a member. |
| This document is execute | ed 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 |

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)