

Division of Corporations

**L18000142641**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6301

From:

Account Name : LEGALZOOM.COM INC.  
Account Number : 12001000062  
Phone : (323) 962-8600  
Fax Number : (323) 962-3889

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
Whales Rest LLC**

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	\$155.00

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Whales Rest LLC

\_\_\_\_\_  
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:

Cheyenne Moseley, Legalzoom.com, Inc.

\_\_\_\_\_  
Name of Person

Legalzoom.com, Inc.

\_\_\_\_\_  
Firm/Company

101 N. Brand Blvd., 10th Floor

\_\_\_\_\_  
Address

Glendale, CA 91203

\_\_\_\_\_  
City/State and Zip Code

onlinefilings@Legalzoom.com

\_\_\_\_\_  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley

323

962-8600 ext. 7625

at ( )

\_\_\_\_\_  
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



\$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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Whales Rest LLC

(Must end with 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:3840 Emerald Estates CirApopka, FL 32703

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Calvin Christopher Kissam

Name

3840 Emerald Estates Cir

Florida street address (P.O. Box NOT acceptable)

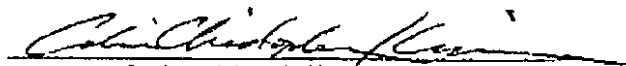
ApopkaFlorida32703

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 505, F.S..



Registered Agent's Signature (REQUIRED)

Calvin Christopher Kissam

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

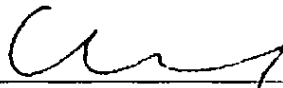
"MGR" = Manager

mgr**Name and Address:**Barbara Ivey Kissam3840 Emerald Estates CirApopka, FL 32703mgrEdward Bernard Kissam, Jr.3840 Emerald Estates CirApopka, FL 32703mgrKatherine Leila Kissam Griffiths3840 Emerald Estates CirApopka, FL 32703mgrBenjamin Treadwell Kissam3840 Emerald Estates CirApopka, FL 32703

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.**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.

Cheyenne Moseley, Legalzoom.com, Inc.

Typed or printed name of signer

**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)

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TALLAHASSEE, FLORIDA

Attachment to  
Articles of Organization for  
Whales Rest LLC

Additional members of the Limited Liability Company are:

<u>Name of Member</u>	<u>Address</u>
Barbara Ivey Kissam	3840 Emerald Estates Cir, Apopka, FL 32703
Edward Bernard Kissam, Jr.	3840 Emerald Estates Cir, Apopka, FL 32703
Katherine Leila Kissam Griffiths	3840 Emerald Estates Cir, Apopka, FL 32703
Benjamin Treadwell Kissam	3840 Emerald Estates Cir, Apopka, FL 32703
Calvin Christopher Kissam	3840 Emerald Estates Cir, Apopka, FL 32703

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Attachment to  
Articles of Organization for  
Whales Rest LLC

Additional managers of the Limited Liability Company are:

<u>Name of Managers</u>	<u>Address</u>
Calvin Christopher Kissam	3840 Emerald Estates Cir, Apopka, FL 32703