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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : WADE F. JOHNSON, JR., P.A.
Account Number : 120000000157
Phone : (407) 859-2388
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: TERRIE.WHISENANT@GMAIL.COM

FLORIDA LIMITED LIABILITY CO.

Terrie Whisenant Enterprises, LLC

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION
OF
TERRIE WHISENANT ENTERPRISES, LLC**

These Articles of Organization are made for the purpose of organizing a Florida Limited Liability Company under the Florida Revised Limited Liability Company Act (Florida Statutes Chapter 605).

**ARTICLE I.
NAME**

The name of this limited liability company is TERRIE WHISENANT ENTERPRISES, LLC ("Company").

**ARTICLE II.
COMMENCEMENT OF COMPANY EXISTENCE AND DURATION**

The Company shall commence existence on August 6, 2018, and the duration of its existence shall be perpetual.

**ARTICLE III.
MAILING ADDRESS AND STREET ADDRESS**

The Company's mailing address is 221 Mississippi Ave., St. Cloud, FL 34769. The Company's street address is the same.

**ARTICLE IV.
REGISTERED OFFICE AND AGENT**

The name of the initial registered agent of the Company is Wade F. Johnson, Jr. The street address of the initial registered agent of the Company is 4255 Tidewater Dr, Orlando, FL 32812.

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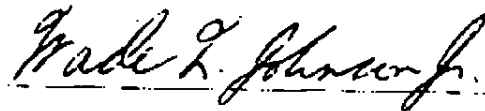
**ARTICLE V.
MANAGEMENT OF THE COMPANY**

The Company shall be a manager-managed Company. The name and address of the manager of the Company is Terrie Whisenant, 221 Mississippi Ave., St. Cloud, FL 34769.

**ARTICLE VI.
OPERATING AGREEMENT**

The members shall have the power to adopt, alter, amend, or repeal an operating agreement of the Company containing provisions for the operation and management of the affairs of the Company.

The undersigned executed these Articles of Organization effective as of the 6th day of August, 2018.

A handwritten signature in cursive script, reading "Wade F. Johnson, Jr.", written over a horizontal line.

Wade F. Johnson, Jr.
Authorized representative

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is TERRIE WHISENANT ENTERPRISES, LLC.
2. The name and address of the registered agent and office is Wade F. Johnson, Jr., 4255 Tidewater Dr, Orlando, FL 32812.

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.

Dated this 6th day of August, 2018.



Wade F. Johnson, Jr.
Registered Agent