

L19000299328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

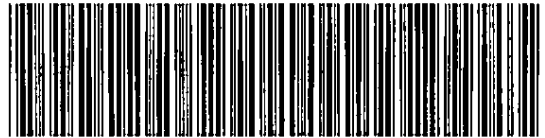
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF  
TALLAHASSEE COUNTY

~~MS  
DEC 1 2019~~

N. SAMS  
DEC 16 2019

**Keith A. White  
Dorothy White Care, LLC  
11940 N Bearl Terrace  
Dunnellon, FL 34433**

October 16, 2019

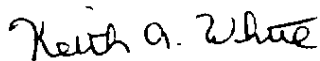
Secretary of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Dorothy White Care, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization, together with a check in the amount of \$155.00. This represents the cost of the Filing Fees, Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the above-named organization.

Very truly yours,



Keith A. White  
Dorothy White Care, LLC

Enclosures

check stapled here

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**

of

**DOROTHY WHITE CARE, LLC**

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

**ARTICLE I - ORGANIZATION NAME**

The name of the organization is Dorothy White Care, LLC.

**ARTICLE II - DURATION**

The limited liability company shall exist perpetually unless dissolved according to Florida law.

**ARTICLE III - PURPOSE**

The limited liability company is organized for the purpose of engaging in any lawful business or activity permitted under the laws of the State of Florida or the United States of America.

**ARTICLE IV – ORGANIZATION OFFICE**

The organization's principal office address shall be as follows:

11940 N Bearl Terrace  
Dunnellon, FL 34433

The organization's mailing address shall be as follows:


11940 N Bearl Terrace  
Dunnellon, FL 34433

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED  
AGENT'S SIGNATURE**

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Keith A. White  
11940 N Bearl Terrace  
Dunnellon, FL 34433

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 605, F.S.



Keith A. White, Registered Agent

**ARTICLE VI - MANAGERS**

This organization shall have one (1) manager initially. The number of managers may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name and address of the initial manager of the organization is as follows:

Keith A. White  
11940 N Bearl Terrace  
Dunnellon, FL 34433

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TALLAHASSEE, FL 32399

## ARTICLE VII - SIGNER

The name and address of the person signing these Articles of Organization is as follows:

Keith A. White  
11940 N Bearl Terrace  
Dunnellon, FL 34433

## ARTICLE VIII – MANAGEMENT

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Organization this 16<sup>th</sup> day of October, 2019

Keith A. White  
Keith A. White

STATE OF FLORIDA  
COUNTY OF PINELLAS

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Keith A. White, known to me to be the person who executed the foregoing Articles of Organization, or who presented \_\_\_\_\_ as identification, and who acknowledged before me that he executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 16<sup>th</sup> day of October, 2019

Caryn S. Marshall  
Notary Public, State of Florida at Large  
My Commission Expires:

