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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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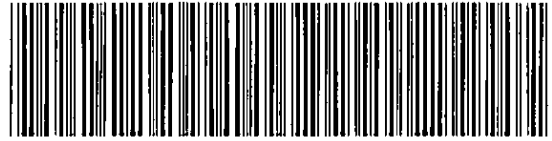
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- CERTIFIED COPY** _____
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1. **35239 WHISPERING PINES DR., L.L.C.**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

ARTICLES OF ORGANIZATION

OF

**35239 Whispering Pines Dr., L.L.C., a Florida
Limited Liability Company**

**ARTICLE I
NAME**

The name of this Limited Liability Company is **35239 Whispering Pines Drive, L.L.C.** (the "Company").

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Company is:

Principal Office Address:
5045 Ronnoch Blvd.
Wesley Chapel, FL 33543

Mailing Address:
P.O. Box 17331
Tampa, FL 33682

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the Registered Agent are:

JOAN Q. VALDES
5045 Ronnoch Blvd.
Wesley Chapel, FL 33543

**ARTICLE IV
MANAGEMENT**

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

| <u>Title:</u> | Name and Address |
|---------------|---|
| AMBR/MGR. | JOAN Q. VALDES P.O. Box 17331 Tampa, FL 33682 |
| AMBR/MGR. | ARTHUR VALDES, JR. P.O. Box 17331 Tampa, FL 33682 |

ARTICLE V

The effective date is the date of filing.

2020 JUN 17 11:40 AM

We have executed these Articles of Organization and acknowledged them to be our act this 18 day of January, 2020.

Joan Q. Valdes
Signature of member
Joan Q. Valdes
Printed name of signee

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 F.S. Section 817.155

By: Joan Q. Valdes
Manager/Member - Joan Q. Valdes
By: Arthur Valdes, Jr.
Manager/Member - Arthur Valdes, Jr.

ACCEPTANCE OF REGISTERED AGENT

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

The name of the Limited Liability Company is: **35239 Whispering Pines Dr., L.L.C.** The name and Florida street address of the Registered Agent is:

JOAN Q. VALDES
5045 Ronnoch Drive
Wesley Chapel, FL 33544

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.

Joan Q. Valdes
JOAN Q. VALDES