# 120000054698

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	<u>-</u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
W20000C	)14414	

Office Use Only



000338942700

01/17/20--01014--001 \*\*125.00





February 12, 2020

TODD MOONEY 9414 LORENDALE CIR SPRING HILL, FL 34608

SUBJECT: WHITE ROCK CANYON LLC

Ref. Number: W20000014414

We have received your document for WHITE ROCK CANYON LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 120A00003148

Shondreka M Bellenger Regulatory Specialist II

### **COVER LETTER**

	v Filing Sect ision of Corp			
SUBJECT:	White Rock	Canyon LLC		
SUBJECT		Name of Lin	nited Liability Company	
The enclosed	l Anicles of (	Organization and fee(s) are	e submitted for filing.	
Pleuse return	all correspon	ndence concerning this ma	itter to the following:	
7	Fodd Mooney	,		
_	<del></del>		Name of Person	<del></del>
-			Firm/Company	
9	9414 Lorenda	le Circle		
_			Address	<u> </u>
S	Spring Hill, F	L 34608		
_			ity/State and Zip Code	·
in —	ooncy1325@	· · · · · · · · · · · · · · · · · · ·		
			for future annual report notificat	ion)
For further inf	ormation con	cerning this matter, please	e call:	
Т	odd Mooney	35 at (		
	Name	· · · · · · · · · · · · · · · · · · ·	rea Code Daytime Telephon	ic Nuniber
Enclosed is a	check for the	e following amount:		
≣\$125.00 F	iling Fee	□S130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing	Address	Street Address	

New Filing Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

White Rock Canyo (Must co	natin the words "Limited	Liability Company	"I I C "or "I (C ")	
(111431 50	main the words chined	сшонку сопрану,	b.b.c., or elec.	
ARTICLE II - Address:				
The mailing address and street	address of the principal of	office of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
Todd Mooney	Todd Mooney		9414 Lorendale Circle	
9414 Lore	nkale Cirile	Spri	ng Hill, FL 34608	
Spring His	S. FL 34608			
	nactive Florida registratio	on.)	You must designate an indiv	
	nactive Florida registratio	on.)		<b></b> - 5:
another business entity with ar	n active Florida registration address of the registered	n.) I agent are: Name		
	n active Florida registration active Florida registered address of the registered Todd Mooney	n.) I agent are: Name		S.
	n active Florida registration active Florida registered address of the registered Todd Mooney 9414 Lorendale Circ	n.) I agent are: Name		
	t address of the registered  Todd Mooney  9414 Lorendale Circ  Florida street address	on.) I agent are: Name le s (P.O. Box <u>NOT</u> a	cceptable)	

(CONTINUED)

# ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" - Authorized Member "MGR" = Manager MGR Todd Mooney 9414 Lorendale Circle Spring Hill, FL 34608 MGR\_\_\_\_ Shervl Mooney 9414 Lorendlae Circle Spring Hill, FL 34608 (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 his document is executed in acceptance 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.

Todd Mooney

Typed or printed name of signee

#### 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)