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Florida Department of State

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FLORIDA LIMITED LIABILITY CO.

Little Whitewater Creek LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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Articles of Organization for the Whitewater Creek I.I.C.

Little Whitewater Creek LLC, a Florida limited liability company



The undersigned, desiring to form a limited liability company under and pursuant to Chapter 605, Florida Statutes, the Florida Revised Limited Liability Company Act, does hereby adopt the following Articles of Organization for such company:

ARTICLE I Name

The name of this company shall be Little Whitewater Creek LLC.

ARTICLE II Duration

The term of existence of the company shall commence upon the filing of these Articles of Organization and shall be perpetual.

ARTICLE III Mailing Address

The mailing address of the principal office of this company is 101 ABC Road, Lake Wales, FL 33859. The street address of the principal office of this company is 101 ABC Road, Lake Wales, Florida 33859.

ARTICLE IV Registered Agent and Office

The name and street address of this company's initial registered agent for service of process in this state are as follows: Robert O. Osburn, 101 ABC Road, Lake Wales, Florida 33859.

ARTICLE V Management

The company is to be a member managed company.

ARTICLE VI Operating Agreement of Company

The power to adopt, alter, amend or repeal the Operating Agreement of the company shall be vested in the members.

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Article VII Name and Address of Persons Authorized to Manage and Control the Company

The name and address of each person authorized to manage and control the Company are as follows:

<u>Title:</u> Manager Name and Address: Thomas E. Oakley 101 ABC Road Lake Wales, FL 33859

IN WITNESS WHEREOF, the undersigned, an authorized representative of the company, has hereunto set his hand and seal this day of July, 2020.

Robert O. Osburn

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STATEMENT OF REGISTERED AGENT

Having been named as Registered Agent for Little Whitewater Creek LLC and to accept service of process for the company, 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 in Chapter 605, Florida Statutes.

Robert O. Osburn

STATE OF FLORIDA COUNTY OF POLK

Sworn to (or affirmed) and subscribed before me by [] physical presence or [] online notarization on this ______ day of July, 2020, by Robert O. Osburn.

Signature of Notary Public

Printed, typed, or stamped commissioned

Name of Notary Public

Personally known or produced identification ____.

Type of identification produced: ______.

