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Special Instructions to	Filing Officer:	
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Office Use Only



10/07/20--01014--015 \*\*160.00

Derrick Thompson

#### COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Little White Cat, LLC  Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marci Guertin
Name of Person
Firm/Company
1465 Wrights Creek Rd
Bonifay FL 32425 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marci Guertin al 602, 361-7666
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

## Mailing 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:

The name of the Limited Liability Company is:

Li++	the words "Limited Lia	Cat,	LC	<del>.</del>
(Must contain	the words "Limited Lia	ability Company	("L.L.C., for "LLC.")	
ARTICLE II - Address: The mailing address and street addr	ess of the principal offi	ce of the Limite	d Liability Company is:	
Principal (	Office Address:		Mailing Address:	
1465 Wright Bonitay, Ja	17 Cherr 69		465 Wrights Creck Banifey, FC 32425	<u> </u>
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an acti	nnot serve as its own R	egistered Agent.	ent's Signature: . You must designate an individual or	Ē
The name and the Florida street add	dress of the registered a	gent are:		
	, .			
-	Marci C	Name		
	1465 Wri	chts Cm	epic Rd	
-	Florida street address (	P:O. Box NOT	acceptable)	
	Bonifay			
<del>-</del>	City	State	Zip	
place designated in this certificate, I h wither agree to comply with the provi	vereby accept the appoint isions of all statutes related ations of my position as	itment as registe iting to the prope	ne above stated limited liability compared agent and agree to act in this caper and complete performance of my disasprovided for in Chapter 605. F.S	acity. 1 tties, and

(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	Mari Guertin
AMBIR	1462 MULLING CLERK BS
	Bonitay OEL 32427
AMBR	Robert Gurtin
14111111	1465 WAYNI Cherk 22
	Bonitary, OPC 32427
	,
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than	the date of filing: OC+ 1, 2020 (OPTIONAL)
If an effective date is listed, the date mu	st be specific and cannot be more than five business days prior to or 90 days after
he date of filing.)	
<b>Note:</b> If the date inserted in this block do the document's effective date on the Depa	es not meet the applicable statutory filing requirements, this date will not be listed a
the document's effective date on the Depa	artment of State's records.
ARTICLE VI: Other provisions, if any.	NIA
	N/H
	1
REQUIRED SIGNATURE:	
$\mathcal{A}_{l}$	1/02 7 Must.
	of a member of an authorized representative of a member.
	s executed in accordance with section 605.0203 (1) (b), Florida Statutes.
	my false information submitted in a document to the Department of State d degree felony as provided for in s.817.155, F.S.
	Marci L. Guertin
	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)