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**FLORIDA LIMITED LIABILITY CO.**

**WHSC, LLC**

Certificate of Status	1
Certified Copy	1
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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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Articles of Organization  
for  
WHSC, 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 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 WHSC, 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 P.O. Drawer 7608, Winter Haven, FL 33880-7608. The street address of the principal office of this company is 242 West Central Avenue, Winter Haven, FL 33880.

**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 is as follows: Matthew D. Alexander, 242 West Central Avenue, Winter Haven, FL 33880.

**ARTICLE V**  
**Management**

The company is to be a member-managed company.

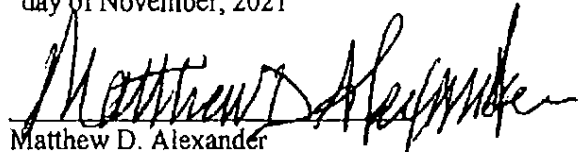
**ARTICLE VI**  
**Operating Agreement of Company**

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

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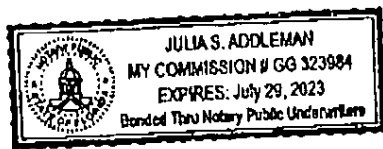
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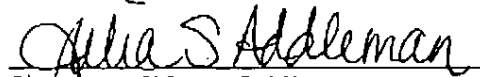
IN WITNESS WHEREOF, the undersigned, an authorized representative of the company, has hereunto set his hand and seal this 15<sup>th</sup> day of November, 2021

  
Matthew D. Alexander

STATE OF FLORIDA  
COUNTY OF POLK

Sworn to (or affirmed) and subscribed before me by ☒ physical presence or ☐ online notarization, this 15<sup>th</sup> day of November, 2021, by Matthew D. Alexander.



  
Signature of Notary Public  
Julia S. Addleman  
Printed, typed, or stamped commissioned  
Name of Notary Public


Personally known ☒ or produced identification \_\_\_\_.  
Type of identification produced: \_\_\_\_\_.

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STATEMENT OF REGISTERED AGENT

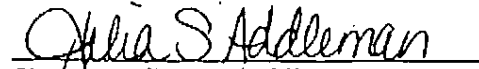

Having been named as Registered Agent for WHSC, LLC and to accept service of process for the company, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent as provided in Chapter 605, Florida Statutes.

  
Matthew D. Alexander

STATE OF FLORIDA  
COUNTY OF POLK

Sworn to (or affirmed) and subscribed before me by ☒ physical presence or ☐ online notarization, this 15<sup>th</sup> day of November, 2021, by Matthew D. Alexander.



  
Signature of Notary Public  
  
Printed, typed, or stamped commissioned  
Name of Notary Public

Personally known ☒ or produced identification \_\_\_\_.  
Type of identification produced: \_\_\_\_\_.

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