

L22000170123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

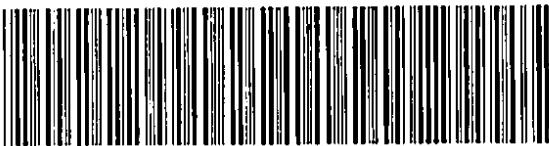
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



400386006604

04/22/22--01002--020 44125.00

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2022 APR 22 PM 3:07

AT TALLAHASSEE, FLORIDA

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TALLAHASSEE, FL

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COVER LETTER

TO: **New Filing Section
Division of Corporations**

W. W. WHITEHURST, LLC
SUBJECT: _____

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:

TISHA WHITEHURST

Name of Person

W.W. WHITEHURST , LLC

Firm/Company

18691 NE 40th STREET

Address

WILLISTON, FLORIDA 32696

City/State and Zip Code

tishawhitehurst6@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TISHA WHITEHURST	352	214-3837
at (_____)		
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 APR 22 PM 3:07

W.W. Whitehurst, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECURE MAIL & MAIL
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

18691 NE 40th Street
Williston, FL 32696

Mailing Address:

18691 NE 40th Street
Williston, FL 32696

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Tisha Whitehurst

Name

18691 NE 40th Street

Florida street address (P.O. Box NOT acceptable)

<u>Williston</u>	<u>Florida</u>	<u>32696</u>
City	State	Zip

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 as provided for in Chapter 605, F.S..

Whitehurst

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member
"MGR" = Manager

AMBR

Name and Address:

Wade Whitehurst
18691 NE 40th Street
Williston, FL 32696

AMBR

Tisha Whitehurst
18691 NE 40th Street
Williston, FL 32696

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STATE OF
FLORIDA
TALLAHASSEE, FL

FILED

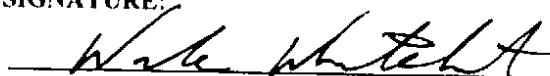
(Use attachment if necessary)

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 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.

WADE WHITEHURST

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)