

L23000090026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

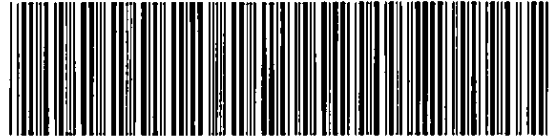
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM
FEB 28 2023

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TALLAHASSEE, FL

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TALLAHASSEE, FL

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Only White Hats, LLC

Please Debit 120000000257 For: 125

Thank you Seth Neeley



Signature

Requested by: SETH 02/24/23

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

112 - Pender & Pender • Tallahassee, FL 32301

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

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TALLAHASSEE, FL

ARTICLES OF ORGANIZATION
OF
ONLY WHITE HATS, LLC

Pursuant to Section 605.0201 of the Florida Revised Limited Liability Company Act, the undersigned does hereby make, subscribe, acknowledge and file these Articles of Organization for the purpose of forming a Limited Liability Company under the Laws of the State of Florida.

ARTICLE I. NAME

The name of this Limited Liability Company is **Only White Hats, LLC**.

ARTICLE II. MAILING AND STREET ADDRESS

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

**5011 Gate Parkway
Building 100, Suite 100
Jacksonville, FL 32256**

ARTICLE III. EXISTENCE, PURPOSE AND EFFECTIVE DATE

The Limited Liability Company shall have perpetual existence and shall be authorized to transact any and all lawful business. The Limited Liability Company's existence shall commence on the date and time of filing of these Articles of Organization by the Florida Department of State, as evidenced by the Department of State's date and time endorsement on the original document.

ARTICLE IV. MANAGEMENT

The Limited Liability Company shall be managed by one or more Managers appointed by the Members. The name and address of the initial Manager of the Limited Liability Company is as

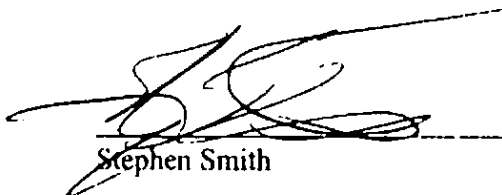
follows:

**Stephen Smith
5011 Gate Parkway
Building 100, Suite 100
Jacksonville, FL 32256**

ARTICLE V. REGISTERED AGENT AND REGISTERED OFFICE

The name and address of the initial registered agent of the Limited Liability Company is Stephen Smith, 5011 Gate Parkway, Building 100, Suite 100, Jacksonville, FL 32256.

IN WITNESS WHEREOF, the undersigned, as the authorized representative of the Members of this Limited Liability Company, has executed these Articles of Organization on behalf of the Limited Liability Company this 24th day of February, 2023.



Stephen Smith

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TALLAHASSEE, FL

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

In pursuance of the provisions of Section 605.0113, Florida Statutes, the Limited Liability Company identified below submits the following statement in designating its Registered Office/Registered Agent in the State of Florida.

1. The name of the Limited Liability Company is **Only White Hats, LLC.**
2. The name and street address of the Limited Liability Company's registered agent and registered office in the State of Florida is: **Stephen Smith, 5011 Gate Parkway, Building 100 Suite 100, Jacksonville, FL 32256.**

Having been named as registered agent and to accept service of process for the Limited Liability Company identified, and 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 in Chapter 605 of the Florida Statutes.


Stephen Smith

February 24, 2023

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