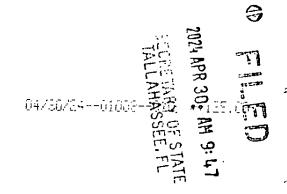
## L24000192852

(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer	(Requestor's Name)
(City/State/Zip/Phone #)    PICK-UP	(Address)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer	(Address)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer	(City/State/Zip/Phone #)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer	PICK-UP WAIT MAIL
Certified Copies Certificates of Status  Special Instructions to Filing Officer	(Business Entity Name)
Special Instructions to Filing Officer	(Document Number)
Special Instructions to Filing Officer	Certified Copies Certificates of Status
	Special Instructions to Filing Officer
	···
	•
	<u> </u>



100426625011





## COVER LETTER

	ew Filing Section vision of Corporations
SUBJECT	WHATADAWG LLC.
	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Belvy G. Dalton Jr
	Whata days
	267 Wilson Green Blvd
	Address
	Tallahassee FL 32305
_	City/State and Zip Code WhatadawgllC @ gmail.com
	E-mail address: (to be used for future annual report notification)
For further in	tormation concerning this matter, please call:
į	Selvy Dalton J: at (850) 3455767  Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
₩\$125.00	Filing Fee U\$130.00 Filing Fee & U\$155.00 Filing Fee & U\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing Address Street Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 1 - Name: The name of the Limited Liabili	ty Company is:			
\	Whatadawa L	LC.		
	ain the words "Limited Liabi		L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal office	of the Limited Liab	pility Company is:	
<u>Princip</u>	al Office Address:		Mailing Address	;
267 Wilso	FL 32305	<u>S</u>	Ame	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	cannot serve as its own Regi			idual or
The name and the Florida street	•			
	Beluy & Dall	on Jr	<del></del>	
	Nai	me C O)	. <sub>م</sub> ا	
	267 Wilson		<del> </del>	
	Florida street address (P.C	-		
	Tallahassee City	FL	32305	
	City	State	Zib	
laving been named as registered dace designated in this certificate arther agree to comply with the p on familiar with and accept the o	. I hereby accept the appointm vovisions of all statutes relatin	ent as registered ag g to the proper and	gent and agree to act in t complete performance of	his capacity. I
	Baly Registered	Agent's Signature	(REQUIRED)	of my duties and 17024 APR 30
		ONTINUED)		AH 9: 47 UF STATE SEE, FL

"AMBR" + Authorized "MGR" - Manager	Name and Address: d Member	
MGR	Bely & Dalton Jr 267 Wilson Green Blud	
	Tallahussee IFL 3230.5	
<del></del>		
(Use attachment if nec-	tessary)	
ate of filing.)	ie date must be specific and cannot be more than five business days prior to or 90 or so does not meet the applicable statutory filing requirements, this date will not	days atter
$\pm$ If the date inserted in thi	on the Department of State's records.	be listed as
E If the date inserted in this locument's effective date of ICLE VI: Other provisions	on the Department of State's records.	be listed as
E If the date inserted in this locument's effective date of ICLE VI: Other provisions	on the Department of State's records.	be listed as
E If the date inserted in thi locument's effective date of ICLE VI: Other provisions  REQUIRED SIGNAT	TURE:  Gely Paldo de G	be listed as
: If the date inserted in thi ocument's effective date of the date	Signature of a member or an authorized representative of a member.  Signature of a member or an authorized representative of a member.	9024 APR
: If the date inserted in thi ocument's effective date of the date	TURE:  Signature of a member or an authorized representative of a member.  Signature of a member or an authorized representative of a member.  Signature of a member or an authorized representative of a member.  Signature of a member or an authorized representative of a member.  Signature of a member or an authorized representative of a member.  Signature of a member or an authorized representative of a member.  Signature of a member or an authorized representative of a member.  Signature of a member or an authorized representative of a member.  Signature of a member or an authorized representative of a member.  Signature of a member or an authorized representative of a member.  Signature of a member or an authorized representative of a member.  Signature of a member or an authorized representative of a member.  Signature of a member or an authorized representative of a member.  Signature of a member or an authorized representative of a member.  Signature of a member or an authorized representative of a member.  Signature of a member or an authorized representative of a member.  Signature of a member or an authorized representative of a member.  Signature of a member or an authorized representative of a member.  Signature of a member or an authorized representative of a member.  Signature of a member or an authorized representative of a member.  Signature of a member or an authorized representative of a member.  Signature of a member or an authorized representative of a member.  Signature of a member or an authorized representative of a member.  Signature of a member or an authorized representative of a member.  Signature of a member or an authorized representative of a member.  Signature of a member or an authorized representative of a member.  Signature of a member or an authorized representative of a member.  Signature of a member of a member or an authorized representative of a member.  Signature of a member of a	