

L00000001863

Sherry L. Smith  
Requester's Name

4735 Coastal Hwy.  
Address

Crawfordville FL 32327 855-926-8479  
City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Wakulla U-Pull-It LLC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

900003140519-5  
-02/21/00-01001-019  
\*\*\*\*130.00  
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-02/21/00-01001-019  
\*\*\*\*130.00 \*\*\*\*130.00

- ☒ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☒ Will wait ☐ Photocopy ☒ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

APPROVED  
AND  
FILED  
00 FEB 18 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

JD2-18-00

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: Wakulla U-Pull-It LLC

## ARTICLE II - Address:

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

1528 Shadeville Rd.  
Crawfordville, FL 32327

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

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

Sherry L. Smith  
Name  
4735 Coastal Hwy.  
Florida street address (P.O. Box NOT acceptable)  
Crawfordville FL 32327  
City, State, and 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 608, F.S..*

Sherry L. Smith  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Sherry L. Smith  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Sherry L. Smith  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 FEB 18 PM 4:11

APPROVED  
AND  
FILED

## FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (OPTIONAL)  
\$ 5.00 Certificate of Status (OPTIONAL)