L010000 19222

Per instructions, this is a cover letter for the registration of Wristfirm, LLC.

Business Address: Richard Trammel, President 5235 SW 90th Blvd. Bushnell, FL 33513

Mailing Address: Wristfirm, LLC PO Box 7451 Zephyrhills, FL 33543

WO1-25087

Phone 352-793-2285

Enclosed is a check for \$155.00 for filing fee, designation and certified copy.

Regards, Richard Trammel

> 300004654913--2 -10/26/01--01046--004 ****155.00 ****155.00

> > SEGRETARY OF STATE DIVISION OF CORPORATIONS
> >
> > 01 NOV -7 PM 12: 12



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 30, 2001

RICHARD TRAMMEL WRISTFIRM, LLC PO BOX 7451 ZEPHYRHILLS, FL 33543

SUBJECT: WRISTFIRM, LLC Ref. Number: W01000025087

We have received your document for WRISTFIRM, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 201A00059431

SECRETARY OF STATE STATE CORPORATIONS OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is: WRIST FIRM, LLC	
ARTICLE II - Address: The mailing address and street address of the principal action of the principal	
The mailing address and street address of the principal office of the Limited Liability Co	mpany is:
PO BOX 7451 ZephyRhills, F1 33.	543
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu	re:
The name and the Florida street address of the registered agent are:	
_	
Richard Trannel	
S235 Sw goth Blub Riorida street address (B.O. B	
riolida succe address (P.O. Box NOT acceptable)	
City, State, and Zip	_
City, State, and Zip	
liability company at the place designated in this certificate, I hereby accept the appointme registered agent and agree to act in this capacity. I further agree to comply with the provistatutes relating to the proper and complete performance of my duties, and I am familiar vaccept the obligations of my position as registered agent as provided for in Chapter 608, I	isions of all
Registered Agent's Signature	
Article IV - Management (Check box if applicable.)	
The Limited Liability Company is to be managed by one manager or more manager therefore, a manager - managed company.	s and is,
andreiore, a manager - managed company.	O I N
(An additional article must be added if an effective date is requested)	AON HOISI
	REI V -
Signature of a member or or out had	F CC
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.)	RY OF STATE CORPORATIONS
Typed or printed name of signee	

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)