

L02000033108

6505 Frankston Dr.
Orlando, FL 32818



800008717908

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

November 8, 2002

ELI WILSON, III
6503 HAWKSMOOR DRIVE
ORLANDO, FL 32818

SUBJECT: EXODUS ENTERPRISES, LLC
Ref. Number: W02000032123

We have received your document for EXODUS ENTERPRISES, LLC and your check(s) totaling \$125.00. 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) 245-6913.

Diane Cushing
Corporate Specialist

Letter Number: 902A00061121

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EXODUS ENTERPRISES, LLC

ARTICLE II - Address:

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

4630 S. KIRKMAN RD. SUITE 776 ORLANDO, FL 32811

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

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

ELI WILSON III

Name

6503 HAWKSMOOR DRIVE

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

ORLANDO, FL 32818

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.

Registered Agent's Signature

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

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.)

ELI WILSON III

Typed or printed name of signer

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)

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TALLAHASSEE, FLORIDA

Exodus Enterprises L.L.C.
4630 S. Kirkman Rd. Suite 776
Orlando, FL 32811
(407) 234-2188

Article IV addition

A Member Managed Company:

O'Kema Charles
2131 Lyme Bay Drive
Orlando, FL 32839

Eli Wilson, III
6503 Hawksmoor Drive
Orlando, FL 32818

R. David Williams
788 S. Conway Road
Suite D
Orlando, FL 32807

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Eli "Ire" Wilson
Business Development

O'Kema Charles
Community Relations

R. David Williams
Public Relations

Tina Graves
Executive Administrator