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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN APR - 2 2003



114 PALMOLA STREET • LAKELAND, FLORIDA 33803  
(863) 680-1040 • FAX (863) 687-8392

March 27, 2003

Division of Corporations  
P O Box 6327  
Tallahassee FL 32314

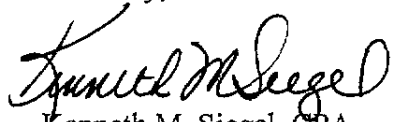
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TALLAHASSEE, FLORIDA

Dear Sir or Madam:

Enclosed please find the Articles of Organization for a Florida Limited Liability Company for Wolvigator, LLC along with a check in the amount of \$125.00 to cover the filing fees.

Please return the acknowledgement and documentation to the address above. Do not hesitate to contact this office should there be any questions.

Sincerely,

  
Kenneth M. Siegel, CPA  
Certified Public Accountant

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I- NAME:**

The name of the Limited Liability Company is: **WOLVAGATOR, LLC.**

**ARTICLE II- ADDRESS:**

The mailing address and street address of the principal office of the Limited Liability Company is: **916  
WOODWARD STREET, LAKELAND, FL, 33803-4154.**

**ARTICLE III- DURATION:**

The period of duration for the Limited Liability Company shall be perpetual.

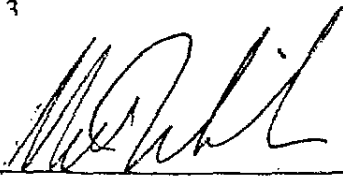
**ARTICLE IV- MANAGEMENT:**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Mike Wilson  
916 Woodward Street  
Lakeland, FL 33803-4154

Edward Hammerberg, II  
1023 Euclid Avenue  
Lakeland, FL 33803

Edward Hammerberg, III  
2656 Green Valley Drive  
Lakeland, FL 33813



Signature of a member or authorized representative of a  
member. (In accordance with Section 608.408(3), Florida  
Statutes, the execution of this affidavit constitutes an affirmation  
Under the penalties of perjury that the facts stated herein are true.

*Mike Wilson*

Typed or printed name of signee

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the limited liability company is WOLVAGATOR, LLC..
2. The name and the Florida street address of the registered agent are:

Mike Wilson  
916 Woodward Street  
Lakeland, FL 33803-4154

*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.*

Signature

