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(Requestor's Name)		
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PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name)	
	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
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	Office Use Only	West



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ALAN HENRY OTTE Attorney at Law P.O. BOX 270273, Tampa, Florida 33688 Telephone (813) 961-9260 Fax (813) 962-6751 E-mail ahotte@aol.com

April 28, 2003

Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

re: WISE FINANCIAL SERVICES, LLC

Dear Sirs:

Enclosed are two copies of the fully executed Articles of Organization for WISE FINANCIAL SERVICES, LLC and Certificate of Registered Agent Designation. Also enclosed is a check in the amount of \$ 155.00 broken down as follows: \$ 100.00 filing fee, \$25.00 Registered Agent Fee, and \$30 for a Certified Copy of Record.

Please file the Articles of Organization and return a Certified Copy to the Registered Agent, Alan H. Otte, Esq., 13604 Pub Place, Tampa, Florida 33624.

Thank you for your assistance with this matter.

Very truly yours

Alan Henry Ötte

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PH II:



ARTICLE I Name

The name of the Limited Liability Company is:

WISE FINANCIAL SERVICES, LLC

ARTICLE II Address

The mailing address and street address of the principal office of the Limited Liability Company are 15105 Nighthawk Drive, Tampa, Florida 33625.

ARTICLE III Duration

The period of duration for the Limited Liability Company is perpetual.

ARTICLE IV Management

The Limited Liability Company is to be member managed.

ARTICLE V Admission of Additional Members

No person may be admitted as a member unless each member consents in writing to the admission of the additional member.

ARTICLE VI Registered Agent and Registered Address

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

Alan Henry Otte 13604 Pub Place Tampa, Florida 33624

ARTICLE VII Indemnification

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The Limited Liability Company shall, to the full extent permitted by Section 608.4363 of the Florida Statutes, as amended from time to time, indemnify all persons whom it may indemnify pursuant thereto. The indemnification provided by this Article VII shall not limit or exclude any rights, indemnities or limitations of liabilities to which any person may be entitled, whether as a matter of law, under the regulations of the Limited Liability Company, by agreement or otherwise.

McCorkle, Authorized Agent ١V A

(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.)



CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.57, 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 WISE FINANCIAL SERVICES, LLC.

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

Alan Henry Otte 13604 Pub Place Tampa, Florida 33624

Having been named as registered agent and to accept service of process for the $\frac{\pi}{4}$ bove 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.

Alan Henry Otte, Registered Agent

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