

LO3000021308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

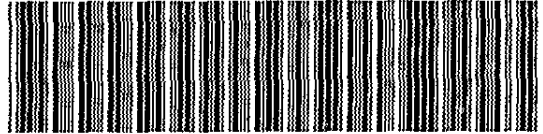
(Business Entity Name)

(Document Number)

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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Wilson Acquisitions, LLC

Art of Inc. File

LTD Partnership File

Foreign Corp. File

☒ L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

Cert. Copy

☒ Photo Copy

☒ Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

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JUN 12 PM 12:05  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability is: WILSON ACQUISITIONS, L.L.C.

**ARTICLE II - Address:**

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

3740 Prospect Avenue, Bay 3  
Riviera Beach, Florida 33404

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

Daniel J. Brams, Esquire  
Hicks, Brams, Scher & Motto  
1645 Palm Beach Lakes Boulevard  
Suite 1050  
West Palm Beach, FL 33401

*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, Florida Statutes.*

  
\_\_\_\_\_  
Signature of Registered Agent

  
\_\_\_\_\_  
Signature of Member or an authorized representative of a Member

  
\_\_\_\_\_  
Typed or printed name of signee

*(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.)*

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