

L03000035401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name
Availability

Document

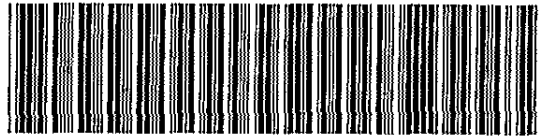
Examiner DCC

Updater Office Use Only

Updater
Verifier DCC

Acknowledgement DCC

W. P. Verifier DCC



500022977995

09/12/03--01057--024 **125.00

FILED
03 SEP 12 AM 8:00
RECEIVED STATE
OFFICE OF REVENUE

JOHNNY G. WILSON

CERTIFIED PUBLIC ACCOUNTANT

3 LONGVIEW DRIVE
BLOOMFIELD, CT 06002
TELEPHONE: (860) 243-9294
FACSIMILE: (860) 243-2257
E-MAIL: JWILSO609S@AOL.COM

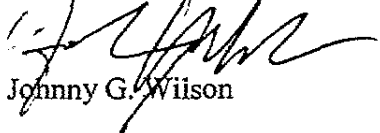
September 9, 2003

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

My name is Johnny G. Wilson. My mailing address is 3 Longview Drive, Bloomfield, CT 06002. My daytime phone number is (860) 243-9294. The enclosed document and check is to register the firm Johnny G. Wilson, CPA, LLC as a Florida Limited Liability Company.
Thanks

Very truly yours,


Johnny G. Wilson

03 SEP 12 AM 8:00
REGISTRY OF STATE
CORPORATIONS, FLORIDA

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOHNNY G. WILSON, CPA, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

JOHNNY G. WILSON
(Name of Person)

JOHNNY G. WILSON, CPA, LLC
(Firm/Company)

3 Longview Drive
(Address)

Bloomfield, Ct 06002
(City/State and Zip Code)

For further information concerning this matter, please call:

Johnny G. Wilson at (860) 243-9294
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

03 SEP 12 AM 8:00
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Johnny G. Wilson, CPA, LLC

ARTICLE II - Address:

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

Principal Office Address:

3 Longview Drive
Bloomfield, Ct 06002

Mailing Address:

3 Longview Drive
Bloomfield, Ct 06002

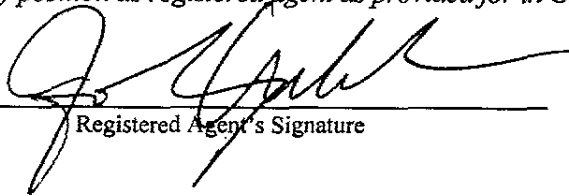
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Johnny Wilson
Name
380 NW 67th STREET
Florida street address (P.O. Box NOT acceptable)
BOCA RATON FL 33487
City, State, and Zip

FILED
03 SEP 12 AM 8:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Johnny G. Wilson
3 Longview Dr
Bloomfield, Ct 06002

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

JOHNNY G. WILSON

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)

FILED
03 SEP 12 AM 8:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA