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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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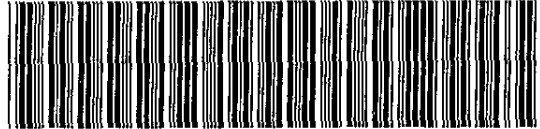
(Business Entity Name)

(Document Number)

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SECRET
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WOLFE ENTERPRISES, 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:

BRAD WOLFE
(Name of Person)

WOLFE ENTERPRISES, LLC
(Firm/Company)

5851 DARREN CT
(Address)

QUENWATER, FL 33760
(City/State and Zip Code)

For further information concerning this matter, please call:

DONANNE SWISHER at (727) 638. 2050
(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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: WOOLFE BUTTERPRISES, LLC
The name of the Limited Liability Company is:

ARTICLE II - Address: 5851 DARREN CT CLEARWATER, FL
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

5851 DARREN CT
CLEARWATER, FL
33760

- Same -

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

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

BRENDAN STOEGER
Name

13575 58TH ST N. SUITE 161
Florida street address (P.O. Box **NOT** acceptable)

CLEARWATER FL 33760
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.

Brendan Stoeger
Registered Agent's Signature

(CONTINUED)

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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

BRAD M. WOLFE
5851 PARKEN CT
CLEARWATER, FL 33760

MGR

DONANNE SWISHER
6399 142 ND AVE N #122
CLEARWATER, FL 33760

(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.)

DONANNE SWISHER

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)

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