

W03000051379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status 1

Special Instructions to Filing Officer:

12/2 FL LC

CC+ CUS

Office Use Only



200024970532

12/02/03--01052--014 **160.00

MJM

STATE
PALM BEACH COUNTY, FLORIDA

03 DEC -2 PM 3:29

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jimmy Wilson Enterprises, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jimmy Wilson SR
(Name of Person)

Jimmy Wilson Enterprises, LLC
(Firm/Company)

1155 S Blvd
(Address)

Chipley FL 32428
(City/State and Zip Code)

For further information concerning this matter, please call:

Jimmy Wilson SR at (850) 638-4083
(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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jimmy Wilson Enterprises LLC

ARTICLE II - Address:

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

Principal Office Address:

1155 S. Blvd
Chipley, FL 32428

Mailing Address:

1155 S. Blvd
Chipley, FL 32428

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

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

Jimmy Wilson SR
Name

1155 S. Blvd L
Florida street address (P.O. Box **NOT** acceptable)

Chipley FLORIDA 32428
City, State, and Zip

FILED
03 DEC -2 PM 3:29
TALAHASSEE 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, Florida Statutes.

Jimmy Wilson Sr.
Registered Agent's Signature

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:

MGR

Jimmy Wilson, SR
1155 S. Blvd
Chipley, FL 32428

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Jimmy Wilson Sr.
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.)

Jimmy Wilson Sr.
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)