

L03000056177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DCC

W. P. Verifier

DCC



600025496366

12/17/03--01021--008 **160.00

EFFECTIVE DATE
12/30/02

FILED
SECRETARY OF STATE
03 DEC 17 AM 7:52
COMMERCIAL INFORMATION

December 15, 2003

EFFECTIVE DATE
12/30/03

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

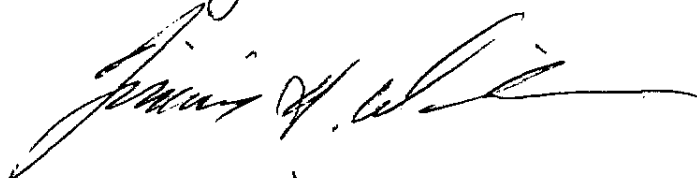
Gentlemen:

Enclosed are the Articles of Organization for a Florida Limited Liability Company. The transmittal letter contains my personal information for the LLC. I am the sole Managing member of the LLC. There are no employees.

Please note that the effective date, per Article V is 30 December 2003.

Thank you.

Sincerely,



J. D. Wilson
2108 NE 45th ST
Ocala FL 34479

352-629-6963

Enclosure: Check for \$160 per your fee schedule.

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DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J. D. WILSON, 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:

JIMMIE D. WILSON
(Name of Person)

J. D. WILSON, LLC.
(Firm/Company)

2108 NE 45th STREET
(Address)

OCALA FL 34479
(City/State and Zip Code)

For further information concerning this matter, please call:

JIMMIE D. WILSON at (352) 629-6963
(Name of Person) (Area Code & Daytime Telephone Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

EFFECTIVE!
12/30/16

ARTICLE I - Name:

The name of the Limited Liability Company is:

J.D. WILSON, LLC.

ARTICLE II - Address:

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

Principal Office Address:

2108 NE 45th STREET
OCALA, FL 34479

Mailing Address:

2108 NE 45th STREET
OCALA, FL 34479

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

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

JIMMIE D. WILSON

Name

2108 NE 45th STREET

Florida street address (P.O. Box **NOT** acceptable)

OCALA

FLORIDA

34479

City, State, and Zip

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DIVISION OF CORPORATIONS

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..


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:

MGRM

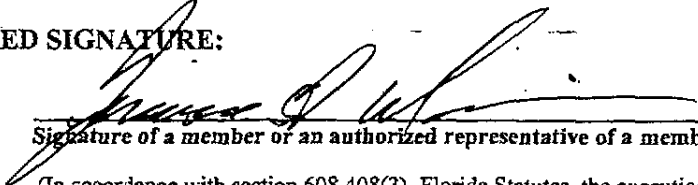
JIMMIE D. WILSON
2108 NE 45th STREET
OCALA, FL 34479

(Use attachment if necessary)

ARTICLE V - Effective Date: 30 December 2009

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.)

JIMMIE D. WILSON

Typed or printed name of signer

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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FILED
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DIVISION OF CORPORATIONS