

L04000005879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

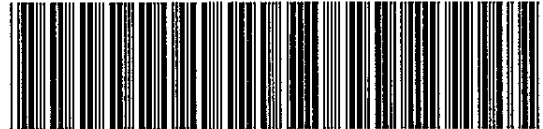
(Business Entity Name)

(Document Number)

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06 JAN 22 PM 2:42  
STATE  
TALLAHASSEE, FLORIDA

FILED  
04 JAN 22 PM 4:35  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 406005 156480A

AUTHORIZATION :

*Patricia Pajito*

COST LIMIT : \$ 125.00

FILED  
JUN 22 PM 1:35  
TALLAHASSEE, FLORIDA

ORDER DATE : January 22, 2004

ORDER TIME : 12:48 PM

ORDER NO. : 406005-005

CUSTOMER NO: 156480A

CUSTOMER: Ms. Layla Tabor  
Roberts, Seward & Company

Suite 202  
505 E. Jackson Street  
Tampa, FL 33602

DOMESTIC FILING

NAME: WALLIS DWYER, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

FILED  
04 JAN 22 PM 14:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wallis Dwyer, LLC

ARTICLE II - Address:

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

Principal Office Address:

17415 Equestrian Trail

Odessa, FL 33556

Mailing Address:

17415 Equestrian Trail

Odessa, FL 33556

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

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

Linda Wallis

Name

17415 Equestrian Trail

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

Odessa,

FLORIDA 33556

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, Florida Statutes..*

Linda M. Wallis

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

Linda Wallis  
17415 Equestrian Trail  
Odessa, FL 33556

MGR

Denise Dwyer  
17415 Equestrian Trail  
Odessa, FL 33556

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

X   
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.)

Linda Wallis  
Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 20.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)