

L04000006019

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY

Wild Oak Partners LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
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JB
1/23/04

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

H04000015714

ARTICLE I - Name

The name of the Limited Liability Company is: **Wild Oak Partners LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

7244 Wild Oak Lane

7244 Wild Oak Lane

Land O Lakes, FL 34639

Land O Lakes, FL 34639

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

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

Maddalena Wehle

Name

7244 Wild Oak Lane

(P.O. Box or Mail Drop Box NOT Acceptable)

Land O Lakes, FL 34639

(City / State / Zip)

06 JAN 22 PM 06:20
FALL ARBOR, FL 33404
S. L. HARRIS, JR., CLERK
TALLAHASSEE, FL 32301

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.

X

Maddalena Wehle

Registered Agent's Signature - Maddalena Wehle

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

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

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Maddalena Wehle - 7244 Wild Oak Lane, Land O Lakes, FL 34639

(Use attachment if necessary)

REQUIRED SIGNATURE:

X



Signature of a member or 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.)

Maddalena Wehle

Typed or printed name of signee

06 JUN 22 PM 09:21
SECRETARY
TALLAHASSEE COUNTY