

L04000031244

2004 APR 21 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

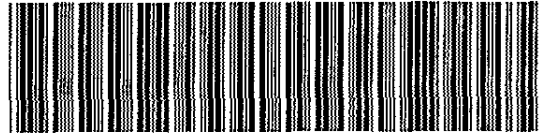
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W04-12916

Office Use Only



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04/23/04--01005--015 \*\*25.00

03/25/04--01036--012 \*\*100.00

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 2, 2004

MICHAEL FERRARO  
196 E. NINE MILE RD SUITE E  
PENSACOLA, FL 32534

SUBJECT: RUSSELL WILSON LLC  
Ref. Number: W04000012916

FILED

2004 APR 21 P 2: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for RUSSELL WILSON LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 504A00021733

**TRANSMITTAL LETTER**

**FILED**

**TO:** Registration Section  
Division of Corporations

2004 APR 21 P 2:54

**SUBJECT:** RUSSELL WILSON LLC  
(Name of Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

MICHAEL FERRARO  
(Name of Person)

MICHAEL FERRARO CPA INC  
(Firm/Company)

196 E. NINE MILE RD SUITE E  
(Address)

PENSACOLA FL 32534  
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL FERRARO at ( 850 ) 475-4100  
(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**

**FILED**

2004 APR 21 P 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

RUSSELL WILSON LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

6480 FRANK REEDER RD

PENSACOLA FL 32526

**Mailing Address:**

6480 FRANK REEDER RD

PENSACOLA FL 32526

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

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

RUSSELL WILSON

Name

6480 FRANK REEDER RD

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

PENSACOLA

FLORIDA 32526

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..*

*Russell Wilson*

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:

**FILED**

2004 APR 21 P 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

RUSSELL WILSON

6480 FRANK REEDER RD

PENSACOLA FL 32526

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

RUSSELL WILSON

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)