02595-102727-00671 (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:

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 7, 2004

REGINALD THOMPSON WING THING LTD 5220 GATE LAKE RD TAMARAC, FL 33319

SUBJECT: WING THING LTD Ref. Number: W04000021808

We have received your document for WING THING LTD and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

The name of the entity cannot include "LTD." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 404A00038594

TRANSMITTAL LETTER

JBJECT:	Wing Thing Ltd. Co.		
	(Name	of Limited Liability Co	ompany)
he enclosed Artic	les of Organization and fe	e(s) are submitted for	filing.
	Please return all corn	respondence concernin	g this matter to the following:
		Reginald Thomp	son
		(Name of Person	1)
		Wing Thing Ltd.	Со
		(Firm/Company	r)
		5220 Gate Lake	Rd
<u></u>		(Address)	
		Tamarac Fl 333	119
_		(City/State and Zip	Code)
For further informa	tion concerning this matte	(Address) Tamarac Fl 333 (City/State and Zip	119
Pogi	nald Thompson	at (_954	\ 724-5345
rtegi	Reginald Thompson (Name of Person)		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

	Win	Thing Ltd. Co.			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Compar					
Principal Office A	ddress:	Mailing Address:			
5220 Gate Lake Rd		5220 Gate Lake Rd			
Tamaraca Fl 33319		Tamarac FI 33319			
Tamaraca Ft 55519					
ARTICLE III - Re		ered Office, & Registered Agent's Signatu	re:		
ARTICLE III - Re	Torida street address of Reginal	the registered agent are: Thompson	re: 04 JU		
ARTICLE III - Re	Torida street address of Reginal	the registered agent are:	\$ 1 GOF 40		
ARTICLE III - Re	Florida street address of Reginals	Thompson ame te Lake Rd	\$ 1 50F 4 0		
ARTICLE III - Re	Florida street address of Reginals	Thompson ame te Lake Rd (P.O. Box NOT acceptable)	04.403.13.13.43.		
ARTICLE III - Re	Florida street address of Reginals	Thompson ame te Lake Rd (P.O. Box NOT acceptable)	04.403.13.13.43.		

Page 1 of 2 (CONTINUED)

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:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
Mgr	Reginald Thompson
	5220 Gate Lake Rd
	Tamarac FI 33319
	Tanial act 1 33313
	· · · · · · · · · · · · · · · · · · ·
-	
(Use attachment if necessary)	
(Ose utueriment it necessary)	
NOTE: An additional article n	nust be added if an effective date is requested.
REQUIRED SIGNATURE	1
REQUIRED SIGNATORES	
. Idt	
Signature of a member	or an authorized representative of a member.
	· · ·
of this document consti	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury
that the facts stated here	
	Reginald Thompson
Ty	ped 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)