# L04000051342

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ANASSEE FLORIDA

W04-24622

J. BRYAN JUL 1 3 2004

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Wing NUTS UC (Name of Limited Liability Company)	THE SECTION OF THE PARTY OF THE
The enclosed Articles of Organization and fee(s) are submitted for filing.	The same
Please return all correspondence concerning this matter to the following:	K. B. O.
Robert Elliott	Control of the contro
(Name of Person)	<b>,</b> 0
Wing NUTS UL (Firm/Company)	
(Firm/Company)	<del>_</del>
1422 NW 3MD TENHACE	
(Address)	
Cape Conac Fl- 33993 (City/State and Zip Code)	
(city/citi- included)	
For further information concerning this matter, please call:	
Bolsen Eurob at 732, 904-6152	
(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



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 25, 2004

ROBERT ELLIOTT WINGNUTS LLC 1422 NW 3RD TERRACE CAPE CORAL, FL 33993

SUBJECT: WINGNUTS LLC Ref. Number: W04000024622



We have received your document for WINGNUTS 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:

There is a balance due of \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 704A00042033

Joey Bryan Document Specialist

Division of Corporations - P.O. BOY 6327 - Tallahasson, Florida 32314

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:	The state of the s
The name of the Limited Liability Company	is:
Wing Nots We	n
J	
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1422 NW 3RP TEMALE	Same
Cope Colal FI.	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

33993

20 Tella Florida street address (P.O. Box NOT acceptable)

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..

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Man	aging Member(s):
The name and address of each Manag	er or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager	aging Member(s): ger or Managing Member is as follows:  Name and Address:
"MGRM" = Managing Member	
<u>46/L</u>	DAN DANRIE  1422- NO 3NO TRIT.  CAPE CONTH. FI 33993
M6hm	Bob Ellott 2911 Bionacle 33956
46R	Robert Elto A JA 1422 DW 360 TEKOLL PROPE COMAL FI 33993
(Use attachment if necessary)	
,	be added if an effective date is requested.
REQUIRED SIGNATURE: Signature of a member or a	an authorized representative of a member.
(In accordance with section of this document constitutes that the facts stated herein ar	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury true.)

<u>Filing Fees:</u> \$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)

Typed or printed name of signee