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P 2: 18

STATE
FLORIDA

200040277342

08/23/04--01049--023 **160.00

TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

2004 AUG 26 P 2: 18

SUBJECT: A Wedding Helper, 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:

Katherine D. Clark
(Name of Person)

(Firm/Company)

606 Hanley Downs Dr
(Address)

Cantonment, FL 32533
(City/State and Zip Code)

For further information concerning this matter, please call:

Katherine Clark at (850) 968-4966
(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**

FILE
2004 AUG 26 P
SECRETARY OF S
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

A Wedding Helper, 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:

600 Hanley Downs Dr.
Cantonment, FL 32533

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

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

Katherine D. Clark
Name

600 Hanley Downs Dr.
Florida street address (P.O. Box NOT acceptable)

Cantonment, FLORIDA 32533
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..

Katherine Clark
Registered Agent's Signature

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

The name and address of each Manager or Managing Member is as follows: 2004 AUG 26 P 2:18

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

Katherine Clark
606 Hanley Downs Dr
Centonment, FL 32533

MGRM

James Licharowicz
PO Box 369
Centonment, FL 32533

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Katherine Clark
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.)

Katherine Clark
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)