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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

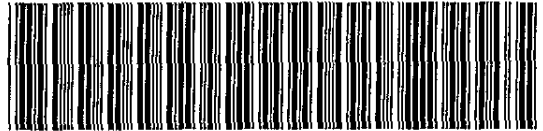
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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Wendi Johnson, Esq.
4044 W. Lake Mary Blvd, Unit 104-312
Lake Mary, FL 32746-2012
Px (407) 302-5691
Fax (407) 330-0769

September 28, 2004

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Articles of Organization

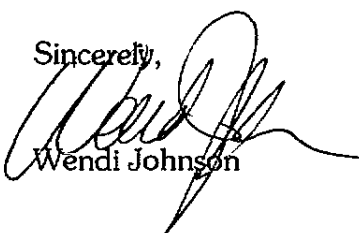
To Whom It May Concern:

Enclosed please find a transmittal letter, articles of organization and a check for \$160.00. It is my understanding that these are the items required in order to create a Limited Liability Company in the state of Florida. It was stated on the sunbiz website that I also include a cover letter with the following information:

Name: Wendi Johnson
Address: 1703 Northlake Drive
Sanford, FL 32773
Daytime Phone Number: (407) 302-5691

If there is anything further you require of me, I can be reached at the phone number listed above. Thank you very much for your time and consideration. Have a wonderful day.

Sincerely,


Wendi Johnson

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Law Office of Wendi Johnson, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Wendi Johnson
(Name of Person)

Law Office of Wendi Johnson, LLC
(Firm/Company)

1703 Northlake Drive
(Address)

Sanford, FL 32773
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Wendi Johnson at (407) 302-5691
(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**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Law Office of Wendi Johnson, LLC

ARTICLE II - Address:

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

Principal Office Address:

1703 Northlake Drive

Sanford, FL 32773

Mailing Address:

4044 W. Lake Mary Blvd

Unit 104-312

Lake Mary, FL 32746-2012

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

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

Wendi Johnson

Name

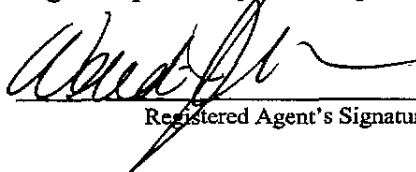
1703 Northlake Drive

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

Sanford, FLORIDA 32773

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..



Registered Agent's Signature

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SECRETARY OF STATE

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

<u>MGRM</u>	<u>Wendi Johnson</u>
	<u>4044 W. Lake Mary Blvd, Unit 104-312</u>
	<u>Lake Mary, FL 32746-2012</u>

(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.)

Wendi Johnson
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)