## L040000 75953

(Re	questor's Name)	
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(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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L	Office Use Only	110



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04 OCT 20 PL 12: 02 DIVISION OF CORPORATION

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4 OCT 20 PM 1: 28

1457-C	Requester's Name  MACKET  Address  SSEE FL323/2  /Zip Phone #	ST.	
City/State		-510-717	
		UMENT NUMBER(S), (i	SA 2 L
2	Corporation Name)	(Document #)	DATE 28
3	Corporation Name)	(Document #)	
Walk in  Mail out	Corporation Name)  Pick up time _ Will wait		☐ Certified Copy ☐ Certificate of Status
NEW FILING		AMENDMENTS	— Certificate of Status
Profit Not for Pro Limited Lia Domesticat Other	ability	Amendment Resignation of R Change of Regis Dissolution/With Merger	
OTHER FILIN	NGS	REGISTRATION/Q	<u>DUALIFICATION</u>
Annual Rep Fictitious N		Foreign Limited Partners Reinstatement Trademark	hip

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company i	s:	
Wayne Hicks, LLC		
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limite	ed Liability Company is
Principal Office Address:	Mailing Address:	SE 94
1451-C Market Street	1451-C Market Street	LLLA ECR
Tallahassee, Fl. 32312	Tallahassee, Fl 32312	
ARTICLE III - Registered Agent, Register	ed Office, & Registered Ag	ent's Signature
The name and the Florida street address of the registered agent are:		() () () ()
Wayne Hicks		
Nan	ne	
1451-C Market Street		
Florida street a	address (P.O. Box NOT acceptable	<del>;</del> )
Tallahassee, Fl 32312 City, State	FL e, 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, F.S..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Mana "MGRM" = Ma		Name and Address:	
MGR <b>M</b>	_ <del>_</del>	Wayne Hicks 1451-C Market St. Tallahassee, Fl 32312	
· · · · · · · · · · · · · · · · · · ·			
(Use attachment	if necessary)	SECRE ALLAI	<b>&gt;</b>
		idded if an effective date is requested 20	
REQUIRED SI	GNATURE:	FSTATE FLORIDA	g
	Signature of a member or	an authorized representative of a member.	
	(In accordance with section of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)	
	Wayne Hicks		
	Typed o	or printed name of signee	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)