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TALLAHASSEE, FLORIDA

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FOR FID

11/22/04
MST

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J.R. Wilson Services, 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:

JAMES R. Wilson III.
(Name of Person)

JR Wilson Services, LLC.
(Firm/Company)

P.O. Box 154
(Address)

Juwannee Florida 32692
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES R. Wilson III at 170 385 7238
(Name of Person) (Area Code & Daytime Telephone Number)
352 542-1474

TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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:

J R Wilson Services LLC.

ARTICLE II - Address:

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

Principal Office Address:

#3
SE 220th St
Suwannee Florida
32692

Mailing Address:

JAMES R. WILSON III
P.O. Box 157
Suwannee Florida
32692

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

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

JAMES ROBERT WILSON III.
Name

#3
SE 220th Street
Florida street address (P.O. Box NOT acceptable)

Suwannee FL Florida 32692
City, State, and Zip

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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..

James R. Wilson III.
Registered Agent's Signature

(CONTINUED)

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:

MGR

JAMES ROBERT WILSON III
P.O. Box 154
SWANNEE FLORIDA 32692

MGRM

MARJORIE L. WILSON
P.O. Box 154
SWANNEE FLORIDA 32692

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

James R. Wilson III
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.)

JAMES R. WILSON III.
Typed or printed name of signee

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)