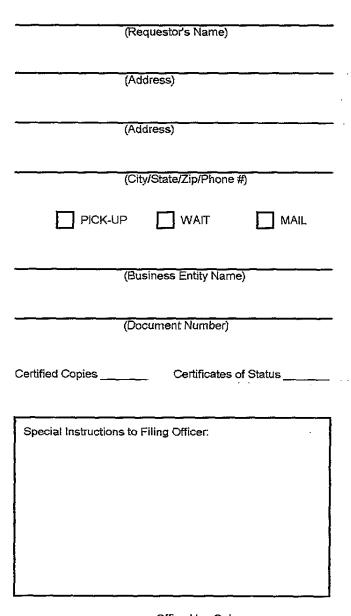
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JANASSEE, FLORIDA

# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: AUCTISM 17, 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:
TED L WILKINSON (Name of Person)
(Name of Person)
TED L WILKINSON (Name of Person)  AU (TION 17, ILC (Firm/Company)
(Firm/Company)
8040 SUNRISE LAKES DRIVE N. # 102
(Address)
SUNRISE, FL 33322 (City/State and Zip Code)
For further information concerning this matter, please call:
TED LWILKINS M at (954) 747-7021.  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee   ☐ \$130.00 Filing Fee & Certificate of Status
STREET ADDRESS: MAILING ADDRESS:  Pagintentian Section Registration Section

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

# ARTICLES OF ORGANIZATION for Auction 17, LLC

#### Article 1 - Name

The name of the Limited Liability Company is: Auction 17, LLC

#### Article 2 - Address

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

Principal Office Address: Auction 17, LLC c/o Ted L. Wilkinson 8040 Sunrise Lakes Drive N. #102 Sunrise, FL 33322 Mailing Address:
Auction 17, LLC
c/o Ted L. Wilkinson
8040 Sunrise Lakes Drive N.
#102
Sunrise, FL 33322

### Article 3 - Registered Agent, Registered Office, & Registered Agent's Signature

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

Name: Ted L. Wilkinson

8040 Sunrise Lakes Drive N.

#102

Sunrise, FL 33322

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

# Article 4 - Manager or Managing Member(s):

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

**MGRM** 

Ted L. Wilkinson 8040 Sunrise Lakes Drive N.

#102

Sunrise, FL 33322

Signature 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.)

Ted L Wilkinson

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