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TRANSMITTAL LETTER

	STREI	ET ADDRESS:	MAILING A	DDRESS:	
1√ \$125.00 Fil	ing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing I Certificate of Status Certified Copy (additional copy is enclo	Fee,
Enclosed is a	check for	the following amount:		LORIG	2: 33
_Danie	(Name o	Nelson of Person)	at (<u>A3G</u> <u>U38</u> . (Area Code & Daytime Te	200 Schephone Number) (1)	FILED 05 MAR 25 PH 12: 33
For further info	ormation c	oncerning this matter, please o	call:	SECI.LI TALLAH	OS MAR
		(City/S	State and Zip Code)		
	To	onings. Fl.	32053		
	<u>59</u>	71 Nu) 27	(Address)		
	~~ <u>^</u>	ζε	11 2		
10W	- Parck	Investmen	n4s, LLC.		
-	Da	niel E Nels	CYO lame of Person)		-
Please return al	ll correspo	ndence concerning this matter	to the following:		
		Organization and fee(s) are su	_		
		(Name of Diffined	Liabing Company)		
SUBJECT: _	Wol	Spack Thires	Stments, LLC Liability Company)		
	ration Sect on of Corp				

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 17, 2005

DANIEL E. NELSON WOLFPACK INVESTMENTS, LLC 5971 NW 27TH WAY JENNINGS, FL 32053

SUBJECT: WOLFPACK INVESTMENTS, LLC

Ref. Number: W05000013949

We have received your document for WOLFPACK INVESTMENTS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 605A00018485

S MAR 25 PM IZ:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
5971 NW27# Woy JEDDINGS/E132053	Same			
T	egistered agent are: AR 25 PH 2: 33 Iress (P.O. Box NOT acceptable) FL 32063			
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S			

(CONTINUED)

Page 1 of 2

704-427-7401 DARIENC

The name and address of each Manage	er or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Daniel E. Nelson 5971 NW 274 Nay Jennings, El. 32053
	
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
(In accordance with sec	r or an authorized representative of a member. Final Properties of a member. Final Properties an affirmation under the penalties of perjury erein are true.)
	I E NELSON

Typed or printed name of signee

Filing Fees:

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

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)