

L050000 31682

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(Address)

(City/State/Zip/Phone #)

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ALLIANCE FLORIDA

05 APR 31 PM 3:48

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STEVE WIGGINS
(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:

STEVE WIGGINS
(Name of Person)

STEVE WIGGINS
(Firm/Company)

3476 ROSEMONT RIDGE RD.
(Address)

TALLAHASSEE FLA 32312
(City/State and Zip Code)

For further information concerning this matter, please call:

STEVE WIGGINS at (850) 893-2759
(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

TALLAHASSEE, FLORIDA

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FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

STEVE WIGGINS LLC

ARTICLE II - Address:

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

Principal Office Address:

3476 ROSEMONT RIDGE RD
TALLAHASSEE FL 32312

Mailing Address:

STEVE WIGGINS
3476 ROSEMONT RIDGE RD
TALLAHASSEE FL 32312

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

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

STEVE WIGGINS

Name

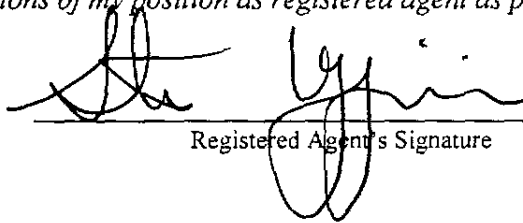
3476 ROSEMONT RIDGE RD

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

TALLAHASSEE FL 32312

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, F.S..



Registered Agent's Signature

(CONTINUED)

TALLAHASSEE, FLORIDA

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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

MGRM

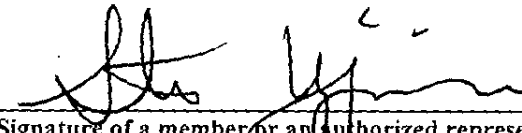
Name and Address:

STEVE WIGGINS
3476 ROSSMONT RIDGE RD
TALLAHASSEE FL 32312

(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.)

STEVE WIGGINS

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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)