

L05000034448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

W05-16252

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE FLORIDA

VR 04/08/05

Sp



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 30, 2005

WISHEE WASHEE LLC
1247 BAYSHORE ROAD
GULF BREEZE, FL 32563

SUBJECT: WISHEE WASHEE LLC
Ref. Number: W05000016252

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

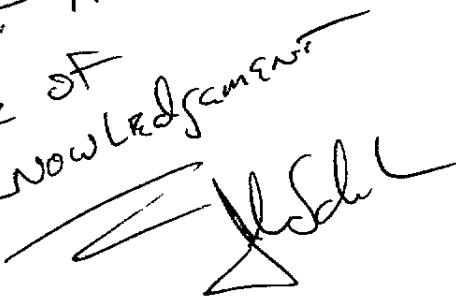
Please find enclosed our blank form for filing an LLC. We do not file operating agreements, and the articles you submitted did not include the signature of a member or authorized member. Also, only articles filed directly online are called "Electronic" articles.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 905A00021730

* We Request: A
Letter of
Acknowledgment


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FLORIDA
SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WISHEE WASHTEE 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:

JOHN S. SCHUSTER
(Name of Person)

WISHEE WASHTEE LLC
(Firm/Company)

1247 Bayshore Rd.
(Address)

GULF BREEZE, FL. 32563
(City/State and Zip Code)

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TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

JOHN SCHUSTER at (850) 916-0998
(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 ☐ \$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:

Wishes WASHER LLC

ARTICLE II - Address:

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

Principal Office Address:

1247 Bayshore RD.
GULF BREEZE, FL.
32563

Mailing Address:

1247 Bayshore RD.
GULF BREEZE, FL.
32563

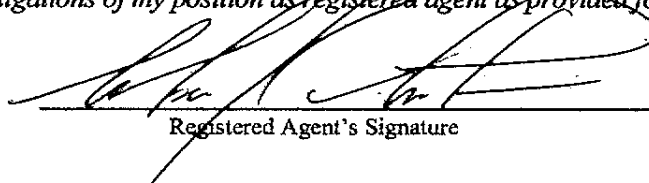
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

CHARLES A. SCHUSTER, Esq.
Name
917 NORTH PALATKA ST.
Florida street address (P.O. Box **NOT** acceptable)
PENSACOLA FL 32501
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..


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

JOHN S. SCHUSTER
1247 Bayshore Rd.
Gulf Breeze, FL 32563


MGRM

SANIA D. SCHUSTER
1247 Bayshore Rd.
Gulf Breeze, FL 32563

(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.)

JOHN S. SCHUSTER
Typed 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)

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