

L 050000 62011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

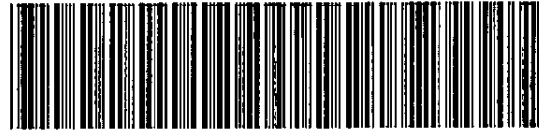
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

1312

Office Use Only



500056338005

05 JUN 22 PM 4:13

FILED  
05 JUN 22 PM 4:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
05 JUN 22 PM 4:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Williams, Gautier, Gwynn & DeLoach, P.A.

Requestor's Name

Post Office Box 4128

Address

Tallahassee, FL 32315 850-386-3300

City/State/Zip

Phone #

Office Use Only

FILED  
05 JUN 22 PM 4:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. WH Wilson Property Management & Consulting LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION OF  
W. H. WILSON PROPERTY MANAGEMENT & CONSULTING, LLC**

**FILED**  
05 JUN 22 PM 4:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

**ARTICLE I — Name:**

The name of the Limited Liability Company (hereinafter referred to as the "Company") is:

"W. H. WILSON PROPERTY MANAGEMENT & CONSULTING, LLC"

**ARTICLE II — Address:**

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

6974 Tower Road  
Tallahassee, Florida 32303

**ARTICLE III — Registered Agent:**

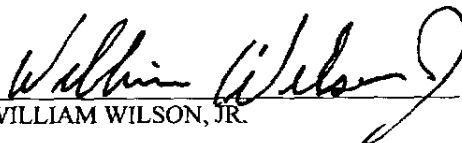
The name and the Florida street address of the initial registered agent are:

William Wilson, Jr.  
6974 Tower Road  
Tallahassee, Florida 32303

**ARTICLE IV — Management:**

The Company is to be managed by the members and is, therefore, a member-managed company.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative and  
and acknowledged them to be my act this 21<sup>st</sup> day of June, 2005.

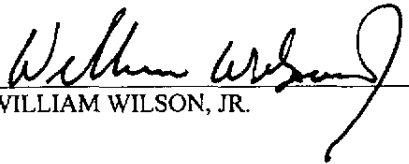
  
WILLIAM WILSON, JR.

(In accordance with section 608.408(3), Florida Statutes, the  
execution of this certificate constitutes an affirmation under the  
penalties of perjury that the facts stated herein are true.)

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.

(In accordance with section 608.408(3), Florida Statutes, the execution of this certificate constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

  
WILLIAM WILSON, JR.

**Filing Fee:**      **\$100.00 for Articles of Organization**  
                         **\$ 25.00 for Designation of Registered Agent**