

LOS 0000 70787

2005 JUL 13 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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LLC Filing Letter

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Date: July 10, 2005

LLC Filings Office:

FILED
2005 JUL 13 P 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I enclose an original and one copy of the proposed Articles of Organization of **W. M. Transact Enterprises, LLC**, a proposed domestic limited liability company.

Please file the Articles of Organization and return a certificate of formation, file-stamped copy of the original document or other receipt, acknowledgment or proof of filing to me at the address shown below my signature.

Payment for the required fees is enclosed.

The above LLC name is a previously registered Fictitious Name I personally filed on 04/12/2004 without the "LLC" designation. The original registration information is as follows: filed on 04/12/2004 with document number G04103700109.

Sincerely,

Signed: 

Wayne A Moffett
7191 Copperfield Circle
Lake Worth,
Florida
33467
Telephone: (561) 702-6567

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

SUBJECT: W. M. TRANSACT ENTERPRISES, LLC
(Name of Limited Liability Company)

2005 JUL 13 P 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WAYNE MOFFETT
(Name of Person)

(Firm/Company)

7191 Copperfield Circle
(Address)

Lake Worth, FLORIDA 33467
(City/State and Zip Code)

For further information concerning this matter, please call:

WAYNE MOFFETT at (561) 702-6567
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

FILED

Article I - Name:

The name of the Limited Liability Company is:

W. M. Transact Enterprises, LLC

2005 JUL 13 P 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article II - Address:

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

Principal Office Address:

7191 Copperfield Circle, Lake Worth, Florida, 33467

Mailing Address:

5030 CHAMPION BLVD, G6-241, Boca Raton, Florida 33496

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

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

Wayne A Moffett

Name

7191 Copperfield Circle, Lake Worth, Florida, 33467

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

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