

1050000 80626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

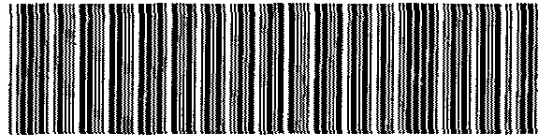
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/04/05--01017--007 **125.00

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2005 AUG 15 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

105-80626
OK
EFFECTIVE DATE
8-10-05



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 5, 2005

WYNDI SHABAZZ
1535 BOULEVARD
JACKSONVILLE, FL 32206

SUBJECT: WORDRITE, LTD
Ref. Number: W05000037093

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

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 105A00050524

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TALLAHASSEE, FLORIDA

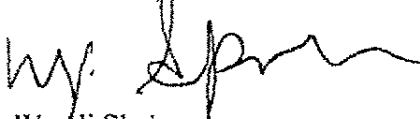
Wednesday, August 10, 2005

RE: Ref. Num: W05000037093 - Correction to Wordrite, Ltd. Co.

Ms. Cline,

Please find correction of corporation filing name enclosed. Sorry you could not reach me by phone. My TN is (904) 662-1191. The corrected name is Wordrite, Ltd.Co.

Thank You,



Wyndi Shabazz
(904) 662-1191

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wordrite, Ltd.
(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:

Wyndi Shabazz
(Name of Person)

Wordrite, Ltd.
(Firm/Company)

1535 Boulevard
(Address)

Jacksonville, Fl 32206
(City/State and Zip Code)

For further information concerning this matter, please call:

Wyndi Shabazz at (904) 662-1191
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" 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 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

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ARTICLES OF ORGANIZATION FOR FLOE DA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wordrite, Ltd.Co.

ARTICLE II - Address:

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

Principal Office Address:

1535 Boulevard
Jacksonville, Fl 32206
(904) 662-1191

Mailing Address:

1535 Boulevard
Jacksonville, Fl 32206
(904) 662-1191

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

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

Wyndi Shabazz

Name

1535 Boulevard

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

Jacksonville, Fl 32206

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..

Wyndi Shabazz
Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

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EFFECTIVE DATE
8-10-05

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

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Wyndi Shabazz
1535 Boulevard
Jacksonville, FL 32206

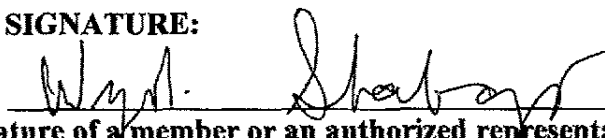
(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

Article V:

Effective date requested August 10, 2005.

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.)

Wyndi Shabazz

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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