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(City/State/Zip/Phone #)

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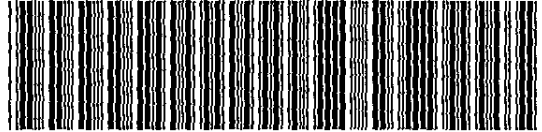
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WI-5 Productions
(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:

Cecil Wiley
(Name of Person)

WI-5 Productions
(Firm/Company)

P.O. Box 8551
(Address)

Seminole, FL 33775-8551
(City/State and Zip Code)

For further information concerning this matter, please call:

Cecil Wiley at (727) 385-5299
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

WI-5 Productions LLC

ARTICLE II – Address:

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

Principal Office Address

1266 Rogers St

Suite H

Clearwater, FL 33756

Mailing Address

P.O. Box 8551

Seminole, FL 33775-8551

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

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

Cecil W. Wiley

Name

9271 Pine Circle

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

Seminole, FL 33776

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..

Cecil W. Wiley

Registered Agent's Signature

(CONTINUED)

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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

Name and Address:

MGRM

Cecil W. Wiley

9271 Pine Circle

Seminole, FL 33776

MGRM

Matthew T. Wiley

1012 Woodruff

Clearwater, FL 33756

(Use attachment if necessary)

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

ARTICLE V – Governing agreement:

This Limited Liability Company will be governed by a partnership agreement put in place this same date, the paragraphs of which show ownership and liability of the partners.

ARTICLE VI – Effective date of Formation:

July 15, 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.)

Cecil W. Wiley

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)