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2005 SEP -1 P 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: JAMES L. WILSON-SEABREEZE ALUMINUM LLC, L.L.C.
Name of Limited liability

Enclosed are an original and one (1) copy of the articles of organization and a
Check for ☒ \$100.00 ☒ \$25.00 ☒ \$30.00 ☒ \$5.00
Filing Fee Designation of Certified Copy Certificate
Registered Agent of Status

Total Check Amount Enclosed ☒ \$160.00

FROM: Bonnie L. Richardson & Associate
Name

13800 S. Magnolia Avenue
Address

Ocala, Florida 34473
City, State & Zip Code

(352) 875-6728
Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

JAMES L. WILSON - SEABREEZE ALUMINUM LLC

ARTICLE II - Address:

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

Principal Office Address:

6591 NW Hwy 316
Reddick, FL 32634

Mailing Address:

P.O. Box 1009.
Fairfield, FL 32634

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

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

JAMES L. WILSON
Name
6591 NW Hwy 316
Florida street address (P.O. Box ~~NOT~~ acceptable)
Reddick, FL FLORIDA 32634
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, Florida Statutes.

James L. Wilson
Registered Agent's Signature



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

JAMES L. WILSON
6591 NW Hwy 316
REDDICK FL 32634

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

James L. Wilson

Signature of a member or an authorized representative of the member.

(In accordance with section 606.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalty of perjury that the facts stated herein are true.)

JAMES L. WILSON

Typed or printed name of signee



2005 SEP - 7
SECRETARY
JAMES L. WILSON
Notary Public, State of Florida
Commission Expires 01/12/10
Bureau of Records Management
09-02-2005

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

160-00