## L050000101503

(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
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## **COVER LETTER**

TO: Registration So Division of Co			
SUBJECT: Whole	sale Imports Of Flo	rida, LLC d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
J Martin G	Baines		
	0	Name of Person)	AE SE
Wholesale	e Imports Of Florid	a, LLC	OS OCT SECKE
	(	Firm/Company)	တ္တို့ ယ ြု
103 Bene	ecia Place		SSEE, FLO
		(Address)	S: 5
Panama	City Beach, FL 3	2413	DA ω
	(City)	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Sande Thomas	<b>.</b>	at ( 334 ) 671-847	1
(Name	e of Person)	(Area Code & Daytime Tel	ephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center ( Tallahassee, FL 32301	s

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Wholesale Imports Of Florida, LLC		
(Must end with the words "Limited Liability Company,")	Limited Company" or their abbreviation "LLC,	," or "L.C.,")
ARTICLE II - Address:		
The mailing address and street address of the	ne principal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
103 Benecia Place	C/O Accounting Now!	
Panama City Beach, FL 32413	1314-5 Westgate Pkwy	
	Dothan, AL 36303	
The name and the Florida street address of	the registered agent are:	SEC FALL
J Martin Gaines	5	AHE I
J Martin Gaines	Vame	DE OCT 13 SECKETANASSI
J Martin Gaines		Es 2 M
J Martin Gaines  N  103 Benecia Place		Es 2 M
J Martin Gaines  N  103 Benecia Place	vame et address (P.O. Box <u>NOT</u> acceptable)	m- `
J Martin Gaines  N  103 Benecia Place  Florida stree  Panama City Beach, F	vame et address (P.O. Box <u>NOT</u> acceptable)	PH 3:5

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

## The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR J Martin Gaines 103 Benecia Place Panama City Beach, FL 32413 MGRM Sande Thomas 1314 Westgate Pkwy Suite 5 Dothan, AL 36303 (Use attachment if necessary) (QPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business Pays prior to or 90 days after the date of filing.) **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.) Sande Thomas Typed or printed name of signee Filing Fees:

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)