L05000109893

(Requestor's Name)			
(Address)			
(Addiess)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



900061355469

D5 NOV 14 PM 3: 31
SEGNETARY OF STATE
ANT AHASSEE, FLORIDA

DS NOV 14 PM 3: 27

J. BRYMAI NUV 1.4 2005.

TRANSMITTAL LETTER

TO: Registration Security Division of Cor			
SUBJECT: Chai	(Name of Limited	Odd Jobs I Liability Company)	
The enclosed Articles of	f Organization and fee(s) are su	abmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	railes Wayne	Value of Person)	OS HOU IN
	0	Firm/Company)	
89	Harris Rd	(Address)	TARY DI STATE A
<u>F+</u>	: Walton Be	ach, FL 3 State and Zip Code)	3 <u>254</u> 7
For further information	concerning this matter, please	call:	
(Name	of Person)	at () (Area Code & Daytime To	elephone 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)
STREET ADDRESS: Registration Section Division of Corporations		MAILING A Registration S Division of C	Section

409 E. Gaines Street Tallahassee, Florida 32399

P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLA	ORIDA LIMITED LIABILITY COMPANY			
ARTICLE I - Name: The name of the Limited Liability Company is:	ASSEE OF STATE OF STA			
Charles Wilsons Od	1 Jobs, LLC			
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
	89 Harris Rd Ft. Walton Beach, FL 32547			
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:			
The name and the Florida street address of the re-	egistered agent are:			
Charles Wils	0.0			
Name	·			
89 Harris Rd				
Florida street address (P.O. Box NOT acceptable)				
Ft. Walton Beach City, State, a	FL 3254 / nd Zip			
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	nccept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S			
	-			

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managin The name and address of each Manager o	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Charles Wayne Wilson 89 Harris Rd Ft. Walton Beach FL 32547
	LAHAGSEE, FLOW
(Use attachment if necessary) NOTE: An additional article must be a	71 ² . –
REQUIRED SIGNATURE: (Mach W). A Signature of a member or	I fur an authorized representative of a member.
(In accordance with section of this document constitutes that the facts stated hereir	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)
Charles W. V 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)