

LOST000113076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

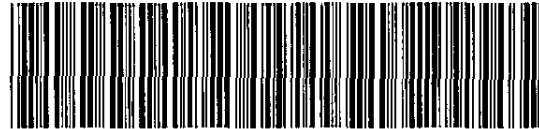
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Karen Husin

Office Use Only

Called 11/28/05  
Correct spelling  
of "Professional"  
& also add mgrm's.  
ap



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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

105-113076  
44

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A professional installation crew  
A professional  
(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:

Jimmie Wilson  
(Name of Person)

A professional installation crew LLC  
(Firm/Company)

4301 Mossy Top Ct.  
(Address)

Tallahassee Florida 32303  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jimmie Wilson at (850) 567 8226  
(Name of Person) (Area Code & Daytime Telephone Number)

**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 FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

A professional installation crew LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

4301 Mossy Top Ct.  
Tallahassee FL  
32303

**Mailing Address:**

4301 Mossy Top Ct.  
Tallahassee FL 32303

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

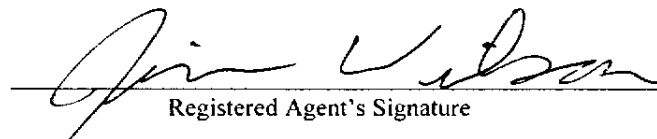
The name and the Florida street address of the registered agent are:

Simmie Wilson  
Name

4301 Mossy Top Ct.  
Florida street address (P.O. Box **NOT** acceptable)  
Tallahassee FL 32303  
City, State, and Zip

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*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.*

  
Registered Agent's Signature

(CONTINUED)

**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. M

Jimmie Wilson  
4301 Mossy Top Ct  
Tallahassee FL 32303

mgrm

David Remalley  
4301 Mossy Top Ct  
Tall. FL 32303

mgrm

Sheri Tucker  
4301 Mossy Top Ct  
Tall FL 32303

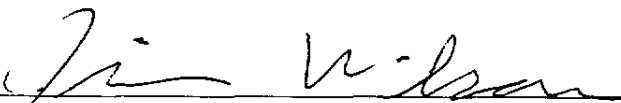
mgrm

Troy Brown  
4301 Mossy Top Ct  
Tall. FL 32303

(Use attachment if necessary)

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

**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.)

Jimmie Wilson  
Typed or printed name of signee

**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)

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