

LD60000009272

(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:

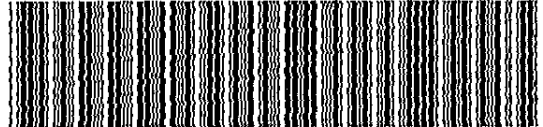
00789
02826
00671

1/26

PL UC Reg.

Office Use Only

~~1000-55111~~



100061890381

EFFECTIVE DATE
1/24/02

12/06/05--01011--002 **125.00

06 JAN 26 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Woodfield Enterprises, LLC
(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:

Benita Ray

(Name of Person)

(Firm/Company)

5760 Shirley Street #9

(Address)

Naples, Florida 34109

(City/State and Zip Code)

For further information concerning this matter, please call:

Benita Ray

(Name of Person)

at (720)

252.4775

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FROM : MORTGAGE@PEGANET.COM

PHONE NO. : 941 455 5605

Jan. 23 2006 06:15PM P2



58 850 245-6030

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2005

BENITA RAY
5760 SHIRLEY STREET, #9
NAPLES, FL 34109

SUBJECT: WOODFIELD ENTERPRISES, LLC
Ref. Number: W05000055111

We have received your document for WOODFIELD ENTERPRISES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on December 6, 2005. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Leslie Sellers
Document Specialist

Letter Number: 605A00071964

EFFECTIVE DATE
1/24/06**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Woodfield Enterprises, 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 principal office of the Limited Liability Company is:

Principal Office Address:5760 Shirley Street #9Naples, Florida 34109**Mailing Address:**5760 Shirley Street #9Naples, Florida 34109**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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


Benita Ray

Name

5760 Shirley Street #9Florida street address (P.O. Box **NOT** acceptable)Naples FL 34109

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY STATE
TALLAHASSEE FLORIDA

06 JAN 26 PM 3:05

ARTICLE
AND
FILED

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

The name and address of each Manager or Managing Member is as follows:

Title:

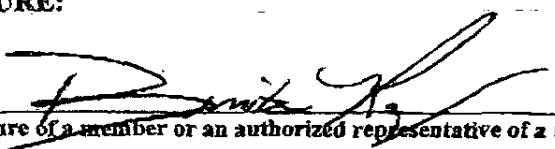
"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRBenita Ray5760 Shirley Street #9Naples, Florida 34109

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing, 1-24-06 32 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days 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.)

Benita Ray

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)

06 JAN 26 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDAAPPROVED
AND
FILED