

060000033830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

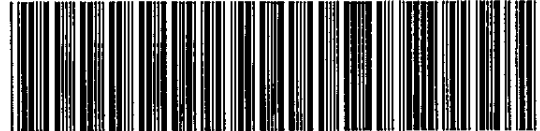
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600068156606

05/31/06--03010--020 +*130,000

05/31/06 10:36

05/31/06 10:31

M. HODGES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHANNON WIGGINS, 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:

SHANNON WIGGINS

(Name of Person)

(Firm/Company)

P.O. BOX 166

(Address)

WOODVILLE, FL 32362

(City/State and Zip Code)

For further information concerning this matter, please call:

SHANNON WIGGINS

(Name of Person)

at (850)

222-3533

(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

ARTICLES OF ORGANIZATION

OF

Shannon Wiggins, LLC

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is Shannon Wiggins, LLC (hereinafter referred to as the "Company").

2. PERIOD OF DURATION.

The Company shall have perpetual existence unless dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. PURPOSE.

The purpose for which the Company is organized is to engage in any and all businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. ADDRESS OF PLACE OF BUSINESS.

The mailing and street address of the place of business in Florida for the Company is P.O. Box 166, Woodville, Florida 32362(mailing) and physical 119 Finner Dr. Crawfordville, FL 32327.

Such address may be changed from time to time as provided in the Operating Agreement.

5. REGISTERED AGENT.

The initial registered agent in Florida for the Company is: Shannon Wiggins and the initial registered office is located at 119 Finner Dr. Crawfordville, FL 32327.

6. INITIAL CAPITAL CONTRIBUTIONS.

The total amount of cash and a description of the agreed value of property other than cash contributed to the Company is as follows: \$100.00

7. ADDITIONAL CONTRIBUTIONS.

The total additional contributions, if any, agreed to be made by all Members and the times at which such contributions shall be made, are as follows: No total additional contributions have been agreed to as of the date of filing of these Articles of Organization. Additional contributions, if any, will be made as provided in the Operating Agreement.

8. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

9. MANAGEMENT.

The Company shall be a member-managed company.

10. INDEMNIFICATION.

Unless expressly agreed otherwise in writing by all of the Members, the Company shall indemnify any manager to the full extent permitted under the Florida Limited Liability Company Act.

11. EFFECTIVE TIME.

These Articles shall be effective when filed with the Florida Department of State.

Executed at Tallahassee, FL, on the ____ day of March, 2006

Shannon Wiggins
Shannon Wiggins
Sole Member

STATE OF FLORIDA,

COUNTY OF LEON.

The foregoing instrument was acknowledged before me this 28th day of March, 2006, by Shannon Wiggins, sole member of Shannon Wiggins, LLC, a Florida limited liability company, on behalf of the company. She is personally known to me or ~~has produced~~ as identification.
X X X X X



Shannon Lindsey
NOTARY PUBLIC STATE OF Florida

Shannon Lindsey
Print, Type or Stamp Name of Notary
Public

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: Shannon Wiggins, LLC.
2. The name and address of the registered agent and office is:

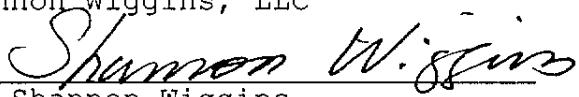
Mailing
Shannon Wiggins
P.O. Box 166
Woodville, FL 32362

or

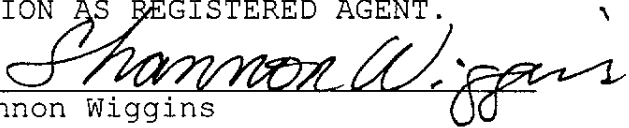
Physical
Shannon Wiggins
119 Finner Dr.
Crawfordville, FL 32327

Executed at Tallahassee, FL, on the ____ day of March, 2006.

Shannon Wiggins, LLC


By: Shannon Wiggins
Sole Member

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.


Shannon Wiggins
Sole Member

Date 3-28-06

REGISTERED AGENT FILING FEE:\$25.00