## L06000084132

(Re	equestor's Name)	
. (Ad	Idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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EFFECTIVE DATE

06 AUG 25 PM 2: 01
DEPARTMENT OF STATE
OLVISION OLVISION

OF AUG 25 PM 2: 03
SECRETARY OF STATE
ALL AHASSEE F. STATE

REYAN AUG 2 5 2006

## **COVER LETTER**

	ration Section on of Corporations		
SUBJECT:	WCM Services, LLC		
	(Name of Limite	ed Liability Company)	
The enclosed A	rticles of Organization and fee(s) are s	submitted for filing.	
Please return all	correspondence concerning this matt	er to the following:	
	William	Charles Mullinax	
	(	(Name of Person)	
**************************************		(Firm/Company)	TAEC 6
	1475 Cr	rawfordville Highway	THE FA
***************************************		(Address)	PP SEE
		dville, Florida 3232	7 PM 2:03
	(City	//State and Zip Code)	Air.
For further infor	mation concerning this matter, please	call:	Þ
William C	Charles Mullinax	at ( 850 ) 545-9	
	(Name of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a c	heck for the following amount:		
□ \$125.00 Filin	ng Fee \$130.00 Fiting 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	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	s: \$\frac{1}{2} \cdot \frac{1}{2} \cdot \frac{1}
	FO = 1
WCM Services, LLC	Pro G
(Must end with the words "Limited Liability Company, "Lim	ited Company" or their obbanistics "I I C" or "I C(D)
(With the words Emilied Liability Company, Limi	nacu Company of their aboveviation. LEC., of L.C.,
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company is:
•	
Principal Office Address:	Mailing Address:
1475 Crawfordville Highway	1475 Crawfordville Highway
Crawfordville, Florida 32327	Crawfordville, Florida 32327
business entity with an active Florida registration.)  The name and the Florida street address of the	registered agent are:
William Charle	
Nam	e CITECTIVE DATE
1475 Crawford	ville Highway 08/25/06
	ddress (P.O. Box NOT acceptable)
Crawfordville	FT. 32327
City, State	T L
•	o accept service of process for the above stated limited
	this certificate, I hereby accept the appointment as
	ity. I further agree to comply with the provisions of all
• • •	performance of my duties, and I am familiar with and
accept the obligations of my position as ref	gistered agent as provided for in Chapter 608, F.S.
Registered Agent's Sign	vature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

"MGRM" = M	anaging Member		4.00
MGRM		William Charles Mullinax	SECTION ALL
		1475 Crawfordville Highway	至了。
		Crawfordville, FL 32327	N835
			SEE. FLOR
			JR JA
			Or.
		<del></del>	••-
	··		
(Use attachmen	t if necessary)		
LE V: Effective	e date, if other than the disted, the date must be date of filing.)	date of filing:August 25, 2006 specific and cannot be more than	(OPTIONA five business da
LE V: Effective fective date is leading to the days after the	e date, if other than the disted, the date must be date of filing.)  IGNATURE:		five business da
LE V: Effective fective date is leading to the days after the	e date, if other than the disted, the date must be date of filing.)  IGNATURE:  Signature of a member (In accordance with sect	or an authorized representative of a metion 608.408(3), Florida Statutes, the executes an affirmation under the penalties of	five business da
LE V: Effective fective date is l days after the	e date, if other than the disted, the date must be date of filing.)  IGNATURE:  Signature of a member of this document constitution that the facts stated here.	or an authorized representative of a metion 608.408(3), Florida Statutes, the executes an affirmation under the penalties of	five business da

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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