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SECRETARY OF STATE AS DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WRAPID 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:
PRISCILLA NICHOLS (Name of Person)
WRAPID LLC CO RICHARD FINICOMPANY 5200 NORTH F-LAGUER TRIVE-APT 904 WEST PALM DEACH, FL. 33467 ROYAL PALM DEACH F-L. 33411 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call: PRISCILLA NICHOLS at (561) (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\begin{array}{ c c c c c c c c c c c c c c c c c c c
Mailing Address Registration Section Division of Corporations Street/Courier Address Registration Section Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability Company is:	,
WRAPID LLC	らいる
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")	3,5
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address: GOON. FLAGLER A CHARD MILSEN 94	۲. ام
Groop N. 135 VT 96 CT N. 75527 46 CT N. REACH WEST	- .,
DR 904 For 334/ Jet 334// GEARS NEST PALM ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: 33	
BEACH. (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another FL 3346 siness entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
5 YOU N. FLAGLER GO RICHTEN MILISON	
5 YOO N. FLAGLER GO Kicking Name Mirson DR - 904 Florida street address (P.O. Box NOT acceptable)	
WEST PALM ROYAL PALMAEACH FL 334H City, State, and Zip	
33467 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

ARTICLE IV- Manager(s) o	
The name and address of each	Manager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGR	PRISCILLA NICHOLS T3527 46 GN ROYAL PALM BEACH I 33411 C/O RICHARD MILSEN SYOON FLAGLER DR WEST PALM BEACH, F 7346
(Use attachment if necessary) FICLE V: Effective date, if other the state of the s	han the date of filing: (OPTIONAL)
n effective date is listed, the date in 90 days after the date of filing.)	must be specific and cannot be more than five business days p
REQUIRED SIGNATURE:	•
Signature of a (In accordance of this docume	member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury stated herein are true.) Typed or printed name of signee
Filing Fees:	Typed of printed frame of signee
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