

LO6000092667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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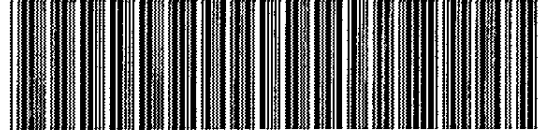
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
06 SEP 20 PM 12:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT:

WRC & Associates, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**William Randolph Coryell
5070 Bunyan Street
Sarasota, FL 34232**

For further information concerning this matter, please call:

William R. Coryell at (941-355-2529).

Enclosed is a check for the following amount \$125.00 Filing Fee.

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TALLAHASSEE FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

WRC & ASSOCIATES, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

**5070 BUNYAN STREET
SARASOTA, FL 34232**

**5070 BUNYAN STREET
SARASOTA, FL 34232**

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

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

**William R. Coryell
5070 Bunyan Street
Sarasota, FL 34232**

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)

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TAMPA FLORIDA

(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:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

William R. Coryell


5070 Bunyan Street

Sarasota, FL 34232

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

William R. Coryell

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)

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06-11-20 PM 12:05
CLERK OF STATE
TALLAHASSEE, FLORIDA