

LO6000118078

Wilson

(Requestor's Name)

18653 Spruce Dr W

(Address)

(Address)

Ft Myers FL 33912

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W06-52553

Office Use Only



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12/04/06--01053--022 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC -4 PM 12:07

EFFECTIVE DATE

11-29-06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: John R. Wilson Home Repair, 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:

John R. Wilson
(Name of Person)
John R. Wilson Home Repair, LLC
(Firm/Company)
18053 Spruce Dr West
(Address)
Ft Myers, FL 33912
(City/State and Zip Code)

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DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

John Wilson at (239) 910-4198
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee already submitted ☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2006

JOHN R. WILSON
18653 SPRUCE DR. W
FT. MYERS, FL 33912

SUBJECT: JOHN R. WILSON HOME REPAIR
Ref. Number: W06000052553

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC -4 PM 12:07

We have received your document for JOHN R. WILSON HOME REPAIR and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6984.

Deborah Bruce
Document Specialist

Letter Number: 106A00069688

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

John R Wilson Home Repair 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:

18653 Spruce Dr W
Ft Myers, FL
33912

Mailing Address:

18653 Spruce Dr W
Ft Myers, FL
33912

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:

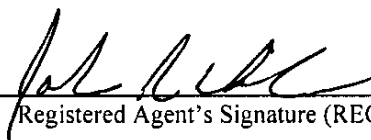
John R. Wilson
Name

18653 Spruce Dr W
Florida street address (P.O. Box **NOT** acceptable)

Ft Myers FL 33912
City, State, and Zip

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DIVISION OF CORPORATION
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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)

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:

MGR

John Wilson
18033 Spruce Dr W
Ft Myers, FL 33912

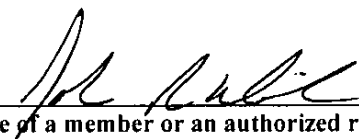
MGRM

Peggy Wilson
18033 Spruce Dr W
Ft Myers, FL 33912

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/29/06. (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.)

John R. Wilson
Typed or printed name of signee

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DIVISION OF CORPORATIONS
06 DEC -4 PM 12:07

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)