# 107000081763

Mark E. Wilson (Requestor's Name)
4219 Ridge Rd (Address)
(Address)
(Address)
Lakehnd, FL 33811 (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Datation Entity (tallie)
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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**OF** 

#### WILCONT, LLC

#### ARTICLE I : NAME

The name of the Limited Liability Company is: WILCONT, LLC.

#### **ARTICLE II: ADDRESS**

The mailing address and street address of the principal office of the Limited Liab Company is: 4219 RIDGE ROAD, LAKELAND, FLORIDA 33811.

## ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent is: (Do not use a P.O. Box) MARK E. WILSON and 4219 RIDGE ROAD, LAKELAND, FLORIDA 33811.

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 Chapter 608, F.S.

#### ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

Monkew Lon
Signature of authorized representative

MARK E. WILSON - Registered Agent (signature)

MARK E. WILSON - Registered Agent (print)

State of FLORIDA
County of POLK

On 321/2007 MARK E. WILSON, who is personally known to me, or produced a FLORIDA driver's license as identification, license # \( \begin{align\*} \begin{a

Commission Expiration Date & Commission Number:

(In accordance with section 608.408(3), Florida Statutes, the execution of the document

(SEAL)