## 107000057338

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
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## **COVER LETTER**

	Registration So Division of Co					
CUDIEC	т.	Wizard Wireless	& Tax Service I LLC			
SUBJEC	(Name of Limited Liability Company)					
The enclo	sed Articles o	of Organization and fee(s) are s	ubmitted for filing.			
Please ret	urn all corresp	oondence concerning this matte	er to the following:			
		Keitl	n E Gooch Sr			
		(	Name of Person)			
		Advanced A	ccounting Services L	LC		
-	• • • • • • • • • • • • • • • • • • • •		(Firm/Company)			
•		5150 Bel	fort Rd Building 300	) TAL	20	
			(Address)	AR	HA	
		Jacks	onville FL 32256	ASS	Y 30	
		(City	/State and Zip Code)	FIG	P	
For furthe	r information	concerning this matter, please	call:	STATE LORIDA	MAY 30 PH 12: 03	
Keith E	Gooch S		at ( 904 ) 807-858			
	(Name	e of Person)	(Area Code & Daytime T	elephone Number)		
Enclosed	is a check fo	or the following amount:				
☐ \$125.00 Filing Fee		\$130.00 Filing Fee & Certificate of Status	* Language Status Fee & Certified Copy (additional copy is enclosed) See Status & Certified Copy (additional copy is enclosed)		ıs &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ns		

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:						
Wizard Wireless & Ta	ax Service I LLC					
(Must end with the words "Limited Liability Company, "Limited Liability Company, "Limited Liability Company,"	ted Company" or their abbreviation "LLC," or "L.C.,")					
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:					
Wizard Wireless & Tax Service I LLC	Wizard Wireless & Tax Service   LLC					
4220 Moncrief Rd Ste A	760 Gardenia Lane					
Jacksonville FL 32209	Jacksonville FL 32208					
business entity with an active Florida registration.)  The name and the Florida street address of the  Sabrina Ber  Name	nn-Mixson AHAY					
4025 Scotts	swood Dr					
Florida street ac	Idress (P.O. Box NOT acceptable)					
Jacksonville	FL 32208					
City, State,	and Zip					
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S					

(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 RDS LLC** 2273 West 45th St Jacksonville FL 32209 (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 of that the facts stated herein are true.)

Darien Benn
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)