

LO7000073114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

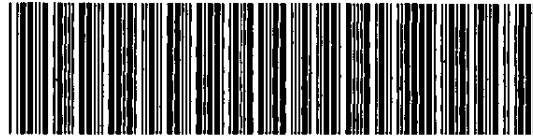
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900104863159

LO7-73114

06/29/07--01034--016 **160.00

LO7-73114
New LLC
CC
aus

FILED
07 JUN 29 AM 8:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WOLFPAC 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:

James C. Wolf

(Name of Person)

WOLFPAC LLC

(Firm/Company)

7512 Dr. Phillips Blvd Suite 50335

(Address)

Orlando Florida 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

James C. Wolf

(Name of Person)

at (407) 489-9671

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$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

July 3, 2007

JAMES C. WOLF
7512 DR. PHILLIPS BLVD
STE 50335
ORLANDO, FL 32819

SUBJECT: WOLFPAC LLC
Ref. Number: W07000031365

We have received your document for WOLFPAC LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on June 29, 2007. Please amend your document accordingly.

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) 245-6949.

RUSSELL L HUNT
Document Specialist

Letter Number: 407A00042819

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WOLFPAC 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:

7512 Dr. Phillips Blvd. Ste 50335

Orlando, Florida

32819

Mailing Address:

7512 Dr. Phillips Blvd. Ste 50335

Orlando, Florida

32819

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:

James Wolf

Name

9126 Galleon Ct

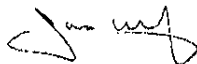
Florida street address (P.O. Box **NOT** acceptable)

Orlando Florida 32819

FL

City, State, and Zip

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.



Digitally signed by James C. Wolf
DN: CN = James C. Wolf, C = US
Reason: I am approving this document
Date: 2007.06.22 13:38:27 -04'00'

Registered Agent's Signature (REQUIRED)

FILED
07 JUN 29 AM 8:46
SECRETARY OF STATE
TALLAHASSEE 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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

James C. Wolf

7512 Dr. Phillips Blvd. Ste 50335

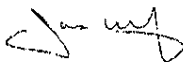
Orlando, Florida 32819

(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:



Digitally signed by James C. Wolf
DN: CN = James C. Wolf, C = US
Reason: I am approving this document
Date: 2007.06.22 13:39:12 -04:00

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.)

James C. Wolf

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)

FILED
JUN 29 AM 8:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA