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COVER LETTER

TO:	Registration Division of C						
SUBJ	ECT. Susar	L Wildey LLC					
5003	LC1.		ed Liability Comp	any)			
The er	nclosed Articles o	of Organization and fee(s) are	submitted for filin	g.			
		pondence concerning this matt					
	Susan L V	Vildev					
			(Name of Person)				
	Susan L \	Wildey LLC					
			(Firm/Company)	.			
	7194 Key Haven Road Unit 501						
	(Address)						
	Seminole	FL 33777			SECF	2001	
		(Cit	y/State and Zip Cod	e)	HAT.	G 12 P	
For fu	For further information concerning this matter, please call:						
Susan L Wildey			at (727	, 954-729	7 FLOR	- E	
	(Nam	e of Person)	(Area Cod	le & Daytime Tele	phone Number	0	
Enclo	sed is a check f	or the following amount:					
\$125	\$125.00 Filing Fee \$\sum \$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \$\sum \$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum						
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton I 2661 Ex	ourier Address ion Section of Corporations duilding ecutive Center C see, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company i	is:		
Susan L Wildey LLC			
(Must end with the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of the	principal office of the Limited	Liability Compa	any is:
Principal Office Address:	Mailing Address:		
7194 Key Haven Road Unit 501	7194 Key Haven Road Unit 501		
Seminole FL 33777	Seminole FL 33777		
ARTICLE III - Registered Agent, Register The Limited Liability Company cannot serve as its own Registers entity with an active Florida registration.)	red Office, & Registered Agen gistered Agent. You must designate an ind	dividual or another	
The name and the Florida street address of the	e registered agent are:	001 ECR	
Susan L Wildey		2001 OCT SECRETAR SLLAHASSI	
Nan	ne		
7194 Key Haven R	1.00 D	m	
Florida street a	address (P.O. Box NOT acceptable)	, O;	O
Seminole FL 3377	7 _{FL}	l: 40 TATE ORIDA	
City, State	e, 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..

Registered Agent's Signature (REQUIRE)

(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 MGR Susan L Wildey 7194 Key Haven Road Unit 501 Seminole FL 33777 (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:**

Susan L Wildey

that the facts stated herein are true.)

Typed or printed name of signee

Signature of a member or an authorized epresentative 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

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)