

L07000119880

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
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07 NOV 30 AM 10:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

FRANK WILSON, LLC.

RECEIVED
07 NOV 30 PM 12:45
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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGINATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:
The name of the Limited Liability Company is:
FRANK WILSON, LLC.

ARTICLE II - Address:
The mailing address and street address of the principle office of the Limited Liability Company is:

<u>Principle Office Address:</u>	<u>Mailing Address:</u>
<u>5300 SW 52ND ST</u>	<u>5300 SW 52ND ST</u>
<u>OCALA, FL 34474</u>	<u>Ocala, fl 34474</u>

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 NOV 30 AM 10:00

ARTICLE III - Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

FRANK WILSON
Name

5300 SW 52ND ST
Florida street address (P.O. Box **NOT** acceptable).

OCALA, FL, 34474
City, State, and Zip

Having been named as registered agent and to accept service of process for 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, Florida Statutes.

Frank Wilson
Registered Agent's Signature

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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:

MMGR

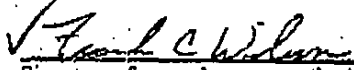
FRANK WILSON
5300 SW 52ND STREET
OCALA, FL 34474

M

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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 penalties of perjury that the facts stated herein are true.)

FRANK WILSON

Typed or printed name of signee

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