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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cathi C. Wilkinson, P.L.  
(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:

Cathi C. Wilkinson

(Name of Person)

Cathi C. Wilkinson, P.L.

(Firm/Company)

7273 Ox Bow Circle

(Address)

Tallahassee, FL 32312

(City/State and Zip Code)

For further information concerning this matter, please call:

Cathi C. Wilkinson

(Name of Person)

at ( 850 ) 509-9654

(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

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

6. MANAGEMENT. The name and address of the Managing Member is Cathi C. Wilkinson, 7273 Ox Bow Circle, Tallahassee, FL 32312.

7. EFFECTIVE TIME. These Articles shall be effective when filed with the Florida Department of State.

Executed at Tallahassee, FL effective the 10<sup>th</sup> day of January, 2008.

By:   
CATHI C. WILKINSON, Member

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA