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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Collins APR 23 2008

**NICKOLAS G. PETERSEN, P.A.**

ATTORNEY AT LAW

12 OLD FERRY ROAD

POST OFFICE BOX 876

SHALIMAR, FLORIDA 32579

RESIDENCE (850) 269-2715

E-MAIL: [ngp1944@aol.com](mailto:ngp1944@aol.com)

(850) 651-0354

FAX (850) 651-0023

April 17, 2008

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: WILKINSON ACQUISITIONS, LLC**

Dear Sir:

Enclosed please find the original Cover Letter and the original and one copy of the Articles of Organization for Florida Limited Liability Company. The name of the Limited Liability Company is Wilkinson Acquisitions, LLC.

Also enclosed is a check in the amount of \$160.00 which covers the following:

- 1) \$125.00 - Filing Fee for Articles of Organization and Designation of Registered Agent
- 2) \$30.00 - Certified Copy
- 3) \$5.00 - Certificate of Status

Please return the certified copy of the Articles of Organization for Florida Limited Liability Company together with the Certificate of Status to my office in the enclosed self-addressed, stamped envelope.

Thank you for your attention to this matter. Should you have any questions, please do not hesitate to contact me.

Sincerely,



NICKOLAS G. PETERSEN  
NGP:lrn

Enclosures: a/s

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: WILKINSON ACQUISITIONS, 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:

**NICKOLAS G. PETERSEN**

(Name of Person)

(Firm/Company)

**PO BOX 876**

(Address)

**SHALIMAR FLORIDA 32570**

(City/State and Zip Code)

For further information concerning this matter, please call:

**GREG GREATREX** at ( **786** ) **259-6070**  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

WILKINSON ACQUISITIONS, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

TEMPLE FINANCIAL CENTRE

LEEWARD HIGHWAY

PROVIDENCIALES

#### Mailing Address:

BOX 228

PROVIDENCIALES

### 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:

NICKOLAS G. PETERSEN

Name

12 OLD FERRY ROAD


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

SHALIMAR FL 32579

City, State, and Zip

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TALLAHASSEE FLORIDA

*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 (REQUIRED)

(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

ZENNIE MORRIS

2001 LEEWARD HIGHWAY

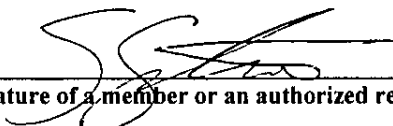
PROVIDENCIALES

(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 that the facts stated herein are true.)

**GREG GREATREX - AGENT**

\_\_\_\_\_  
Typed or printed name of signee

**FILED**  
08 APR 22 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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)**