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TALLAHASSEE, FLORIDA

T. HAMPTON

JUN 11 2008

EXAMINER

60636-8000

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Wisemen Enterprises 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:

**Rassan Parris / Leon Cauthen**

(Name of Person)

**Wisemen Enterprises LLC**

(Firm/Company)

**4446 1A Hendricks Ave Suite 211**

(Address)

**Jacksonville, FL 32207**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Rassan Parris**

(Name of Person)

at ( **904** ) **334-1018**

(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

RECEIVED

00 JUN 10 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 13, 2008

RASSAN PARRIS/LEON CAUTHEN  
4446 1A HENDRICKS AVE  
STE 211  
JACKSONVILLE, FL 32207

SUBJECT: WISEMEN ENTERPRISES LLC  
Ref. Number: W08000023902

We have received your document for WISEMEN ENTERPRISES LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$160.00.

You can only list 1 person as your Registered Agent. Please remove either Rassan Parris or Leon Cauthen.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 208A00030490

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Wisemen Enterprises 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:

Wisemen Enterprises LLC  
4446 1A Hendricks Ave Suite 211  
Jacksonville, FL 32207

### Mailing Address:

Wisemen Enterprises LLC  
4446 1A Hendricks Ave Suite 211  
Jacksonville, FL 32207

## 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:

Rassan Parris

Name

4446 1A Hendricks Ave Suite 211

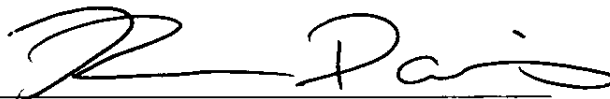
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville, FL 32207

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

Rassan Parris

4446 1A Hendricks Ave Suite 211

Jacksonville, FL 32207

MGR

Leon Cauthen

720 Lenox Ave. 5C

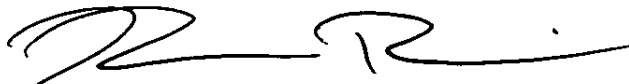
NY, NY 10039

(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.)

**Rassan Parris**

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)

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08 JUN 10 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA