

LD8000062066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

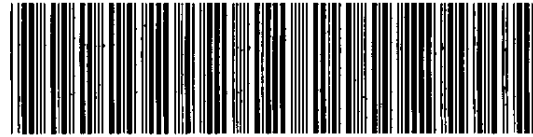
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06/24/08--01017--009 **130.00

EFFECTIVE DATE

6/23/08

08 JUN 24 PM 12:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

N. O. 2008 JUN 25 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WILSON M^CCLURE DESIGN/BUILD, LLC.
(Name of Limited Liability Company)

PLEASE PHONE MY
CELL - 813-390-5099
W/ DOCUMENT ASAP
I NEED IT TO FILE
SS-4 - FEE. & FORM

THANK YOU!!
LORIE
LARSON

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LORIE LARSON
(Name of Person)

WILSON M^CCLURE
(Firm/Company)

2203 DEKLE AVE
(Address)

TAMPA, FL. 33606
(City/State and Zip Code)

For further information concerning this matter, please call:

LORIE LARSON at (813) 390-5099
(Name of Person) (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

overnight

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WILSON M'CLURE DESIGN/BUILD, 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:

Mailing Address:

WILSON M'CLURE DESIGN/BUILD, LLC
2203 DEKLE AVE.
TAMPA, FL. 33606

WILSON M'CLURE DESIGN/BUILD, LLC
2203 DEKLE AVE.
TAMPA, FL. 33606

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:

LORIE S. LARSON
Name
5213 S. CRESCENT DR
Florida street address (P.O. Box NOT acceptable)
TAMPA FL. 33611
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..

Lorie S. Larson

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

LORIE S. LARSON
5213 S. CRESCENT DR.
TAMPA, FL. 33611

MGR

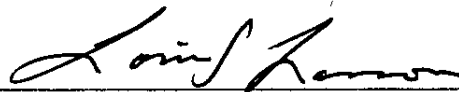
BRETT BAINES
4822 BAY COURT AVE.
TAMPA, FL. 33611

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6.23.08. (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.)

LORIE S. LARSON

Typed or printed name of signee

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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)