108000064795

(Requestor's Name)
(Address)
(Ashlesse)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
<u> </u>

Office Use Only



400132006014

07/02/08--01005--009 **125.00

2810 JUL -2 PM 12: 49
2810 JUL -2 PM 12: 49
2810 JUL -2 PM 12: 49

T. CLINE

JUL - 3 2008

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: WILKINS Fence Installation + Maint, La (Name of Limited Liability Company)	<u>'</u> -C
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Matthew Wilkins (Name of Person)	
(Name of Person)	
Wilkins Fence Installation + Maint, LLC (Firm/Company)	
· (Address)	
Palq+Ka, FL 32111 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call: Latricia Banks at (386) 325-7523 TO (Name of Person) (Area Code & Daytime Telephone Number) TO (Area Code & Daytime Telephon	
(Name of Person) at () (Area Code & Daytime Telephone Number)	in the second
Patricia Banks (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount:	Appen-
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Street/Courier Address Projection Section	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	y is:
Wilking Fence Instal (Must end with the words "Limited Liability Company, "I	Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
110 Gaskin Road Pala+Ka, FL 32177	110 Gaskin Road Palotka, FL 32177
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another

is:

The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

ilo Gaskin Road
Florida street address (P.O. Box NOT acceptable)

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..

Matt Walker
Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

The name and address of each Manager	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MG-R	Matthew Wilkins 110 Gaskin Road Palatka, FC 32111
	2880 5E0
(Use attachment if necessary)	JUL -2
ARTICLE V: Effective date, if other than the da	ate of filing: (OPTIONAL) to specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Matt Signature of a member of	or an authorized representative of a member.
of this document constitut that the facts stated here	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.) Uilkin 5 d or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Organiz	zation and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)