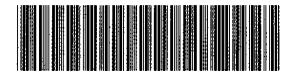
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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2008 SEP 24 AM IO: 00
SECREJARY OF STATE
TALL AHASSEE, FLORIDA

Cd. 9-24

*COVER LETTER *
TO: Registration Section Division of Corporations
SUBJECT: Wilco LLC (Name of Limited Liability Company)
(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:
Diana Arway Cohen
(Name of Person)
Wilco LLC
(Firm/Company)
407 Dorchester Drive
(Address)
Venice, Florida 34293
(City/State and Zip Code)
For further information concerning this matter, please call:
Diana Arway Cohen at 941 928-5704
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & 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 Tallahassee, FL 32314 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

'September 18, 2008

DIANA ARWAY COHEN 407 DORCHESTER DR. VENICE, FL 34293

SUBJECT: WILCO L.L.C. Ref. Number: W08000043408

We have received your document for WILCO L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is T06000000502.

Please return 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) 245-6047.

Carolyn Lewis Regulatory Specialist II

Letter Number: 008A00050640

	2.
RTICLES OF ORGANIZATION F	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	AH BO AL
The name of the Limited Liability Com	pany is:
Wilco LOGISTICS	or Florida Limited Liability Company pany is: LLC ited Liability Company, "L.L.C.," or "LLC.")
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
407 Dorchester Drive	
Venice, Florida 34293	
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are:
Diana Arway C	Cohen ·
<u></u>	Name
407 Dorcheste	r Drive
Florida	street address (P.O. Box NOT acceptable)
	/enice, _{FL} 34293
Cit	y, State, and Zip
liability company at the place design registered agent and agree to act in this statutes relating to the proper and com	t and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all applete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

FILED

The name and address of each Manager or Managing Member is as follows:

2000 SEP 24 AM 10: 01 Title: Name and Address: "MGR" = Manager SECRETARY OF STATE TALLAHASSEE, FLORIDA "MGRM" = Managing Member MGR Lamont Wilson 407 Dorchester Drive Venice, Florida 34293 (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.) amont Wilson

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)

Typed or printed name of signee