

LD8000107209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

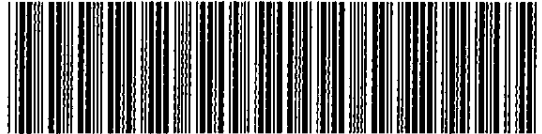
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
08 NOV 18 AM 9:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. G. G. NOV 18 2008

November 14, 2008

Florida Department of State  
Division of Corporations  
P.O. Box 6237  
Tallahassee Fl. 32314

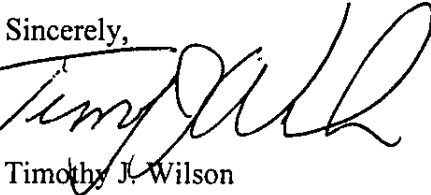
Dear Sirs, Madame;

This letter is to request Limited Liability Corporation status for Biggies Mid Century Modern and More , with the State of Florida. Please find attached form to create a Florida Limited Liability Company pursuant to Chapter 608, Florida Statutes.

Your assistance in this matter is greatly appreciated.

Please find attached form and check for filing fees.

Sincerely,

A handwritten signature in black ink, appearing to read "Timothy J. Wilson", is written over the printed name.

Timothy J. Wilson

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Biggies Mid-Century Modern And More L.L.C.  
 (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:**

8234 RANCHERIA DR  
RIVERVIEW, FL 33578

**Mailing Address:**

8234 RANCHERIA DR  
RIVERVIEW, FL 33578

**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:

Timothy J Wilson  
 Name  
8234 RANCHERIA DR  
 Florida street address (P.O. Box **NOT** acceptable)  
RIVERVIEW FL 33578  
 City, State, and Zip

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.

Timothy J Wilson  
 Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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:**MGRLarry W Wilson  
82391 RANCHERIA DR  
Riverside, FL 33578MGRTimothy J Wilson  
82341 RANCHERIA DR  
Riverside, FL 33578

(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:**Timothy J Wilson

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.)

Timothy J Wilson

Typed or printed name of signee

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FILED  
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)