

L08000 108385

(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:

Office Use Only



200138128032

11/24/08--01001--001 \*\*155.00

RECEIVED  
08 NOV 21 PM 1:35  
TALLAHASSEE, FLORIDA

FILED  
08 NOV 21 PM 4:35  
TALLAHASSEE, FLORIDA

B. KOHR

NOV 21 2008

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: ASHLEY SMITH

DATE: 11-21-2008

REF. #: 000153.95836

CORP. NAME: CAROLYN M. WILSON, LLC

FILED  
08 NOV 21 PM 4:35  
TALLAHASSEE, FLORIDA

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 528382 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
CAROLYN M. WILSON, LLC**

The undersigned, acting as the organizing member of a limited liability company under the Florida Limited Liability Company Act, adopts the following Articles of Organization for such limited liability company (the "Company"):

**ARTICLE I**

**Name**

The name of the Company is **CAROLYN M. WILSON, LLC.**

**ARTICLE II**

**Principal Office and Mailing Address**

The principal office and mailing address of the Company is 655 N. Franklin Street, Suite 2200, Tampa, Florida 33602.

**ARTICLE III**

**Initial Registered Agent and Office**

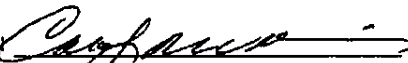
The street address of the initial registered office of the Company is: 655 N. Franklin Street, Suite 2200, Tampa, Florida 33602, and the name of its initial registered agent at that address is: Carolyn M. Wilson.

**ARTICLE IV**

**Organizing Member**

The name and address of the member of the Company executing these Articles of Organization are: Carolyn M. Wilson, 655 N. Franklin Street, Suite 2200, Tampa, Florida 33602.

Dated effective as of this 19 day of November, 2008.

By   
Carolyn M. Wilson

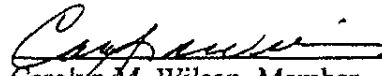
FILED  
08 NOV 21 PM 4:35  
TAMPA, FLORIDA  
CLERK OF DISTRICT COURT

### ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties, and the undersigned is familiar with and accepts the duties and obligations of the undersigned's position as registered agent.

Dated this 19 day of November, 2008.

REGISTERED AGENT:

  
Carolyn M. Wilson, Member