

| • | | |
|----------------------|-------------------------|--------|
| (| 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: | |
| | | |
| , | | |
| | | 1 |
| | | |
| | | |
| | | |
| | | |





02/09/09--01036--021 **160.00

COVER LETTER

| Division of Co | | | |
|---------------------------------|---|--|--|
| SUBJECT: WREN | CH4HIRE LLC | | |
| SUBJECT. | (Name of Limite | ed Liability Company) | |
| The enclosed Articles of | Organization and fee(s) are s | submitted for filing. | |
| Please return all correspondent | ondence concerning this matt | er to the following: | |
| John Whitr | nan | | |
| | | (Name of Person) | |
| WRENCH | 4HIRE LLC | | |
| | | (Firm/Company) | |
| 21131 Rus | stlewood Avenue | | |
| | | (Address) | 09 |
| Boca Rato | n, FL 33428 | | FEB |
| | (Cit | y/State and Zip Code) | ## 19 |
| For further information of | concerning this matter, please | call: | D9 FEB -9 PM 3: 3: TALL HASSEE FLORE |
| John Whitman | | at (561) 706-233 | 2 |
| (Name | of Person) | (Area Code & Daytime Te | ephone Number) |
| Enclosed is a check fo | r 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 Taliahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 | S |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: |
|--|
| WRENCH4HIRE 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: |
| WRENCH4HIRE LLC c/o John Whitman same 21131 Rustlewood Avenue |
| Boca Raton, FL 33428 |
| 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: |
| John Whitman |
| Name Sill Sill Sill Sill Sill Sill Sill Sil |
| 21131 Rustlewood Avenue |
| Florida street address (P.O. Box NOT acceptable) |
| Boca Raton, FL 33428 _L |
| 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 |

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

| • | 21131 Rustlewood Avenue |
|---|--|
| | Dece Deter 51 00400 |
| • | Boca Raton, FL 33428 |
| ······ | |
| | |
| | |
| | OG FEB - C |
| | |
| | CI Com |
| (Use attachment if necessary) | SECTION ASSESSMENT |
| CLE V: Effective date, if other than the date | of filing: (OPTIONAL) cific and cannot be more than five business days prior |

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.)

John Whitman

Typed or printed name of signee

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)