

L09000020783



Mr. Jack L. Wicks
3324 SW 94th Dr
Gainesville, FL 32608-8628

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

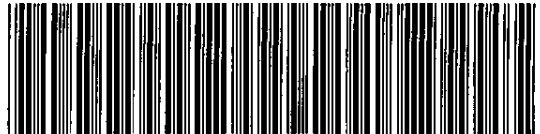
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600144388026

03/02/09--01028--014 **125.00

FILED
09 MAR -2 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAR - 3 2009

EXAMINER

FILED
09 MAR -2 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| <u>Title:</u> | <u>Name and Address:</u> |
|---------------|--|
| MGRM | Jack L. Wicks 3324 SW 94 th Drive Gainesville, Florida 32608 |
| MGRM | Maureen S. Wicks 3324 SW 94 th Drive Gainesville, Florida 32608 |

ARTICLE V

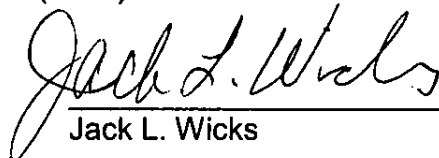
Designation of Registered Agent

The name and physical address of the company's Registered Agent are:

Jack L. Wicks
3324 SW 94th Drive
Gainesville, Florida 32608

FILED
09 MAR - 2 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been designated as Registered Agent and to accept service of process for the above stated limited liability company at the physical location 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 laws 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 Florida Statutes, Chapter 608 (2008).

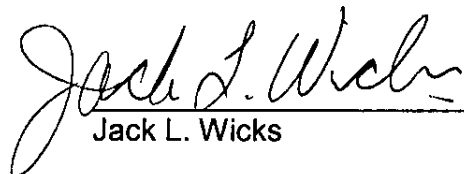


Jack L. Wicks

ARTICLE VI

Certification and Affirmation

In accordance with the requirements of Florida Statutes, Section 608.408(3) (2008), the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.



Jack L. Wicks

STATE OF FLORIDA
COUNTY OF ALACHUA

BEFORE ME, the undersigned authority, this day personally appeared JACK L. WICKS, to me well known and known to be the person described herein, and who before me subscribed his name to the foregoing Articles of Organization.

WITNESS my hand and official seal at the County and State aforesaid on this 20th day of February 2009.



Notary Public

(Seal)



FILED
09 MAR -2 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA