# L09000063788

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<i>⇒#</i> )
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special instructions to	Filing Officer:	
·		

Office Use Only

100155923961

PILED

09 JUL -1 AH 8: 56

SECRETARY OF STATE
FALLAHASSEE, FLORIDA

05/14/09--01007--017 \*\*130.00

W09-22984 MAY 1 5/2009.

J. BRYAN

JUL - 2 2009

**EXAMINER** 

# **COVER LETTER**

	Α.	DVANCE LLC	
SUBJECT:		DVANCE, LLC. ed Liability Company	
	Name of Limite	ed Liability Company	
The enclosed Articl	es of Organization and fee(s) are	submitted for filing.	
Please return all cor	rrespondence concerning this matt	ter to the following:	
	CI	audia A. Ortiz	
		Name of Person	
	A	dvance, LLC.	SE SE
		Firm/Company	船上
	889 1	_ittle Bend Road	ARY
	3	Address	AH 8: 30
	Altamon	te Springs, FL 32714	ORAT OR
	Cit	y/State and Zip Code	37
	E-mail address: (to be used f	claudia@msn.com  for future annual report notification)	
For further informa	tion concerning this matter, please	e call:	
	n at A A A	407	40.7000
	ame of Person	at ( <u>407</u> ) <u>3</u> Area Code & Daytime Tele	10-7200 phone Number
Enclosed is a chec	ck for the following amount:		
]\$125.00 Filing F	ee \$\sqrt{\$130.00}\$ Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	3160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address Registration Section	Street/Courier Address Registration Section	
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	S
	Tallahassee, FL 32314	2661 Executive Center (	Circle

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 15, 2009

CLAUDIA A. ORTIZ ADVANCE, LLC 889 LITTLE BEND ROAD ALTAMONTE SPRINGS, FL 32714

SUBJECT: ADVANCE, LLC Ref. Number: W09000022984



We have received your document for ADVANCE, LLC and your check(s) totaling \$130.00. 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 #P08000075459, ADVANCE INC..

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 009A00016620

### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:	WISE NETWOR	K ENTERPRISES	, LLC
	Name of Limited L	iability Company	:\$s
The anclosed Article	es of Organization and fee(s) are sub	nittad for filing	SECRE FALL AF
The enclosed Affici	es of Organization and fee(s) are sub-	inited for fining.	五五
Please return all cor	respondence concerning this matter t	o the following:	RY OF ST
	Clau	dia A. Ortiz	700
	Na	ne of Person	997
	WISE NETWORK	CENTERPRISES, LLC	C. ***
	Fir	m/Company	
	889 Littl	e Bend Road	
		Address	
	Altamonte S	Springs, FL 32714	
		ate and Zip Code	
	ortizclau	ıdia@msn.com	
	E-mail address; (to be used for fi	iture annual report notification)	
For further informat	ion concerning this matter, please ca	I:	
Cl	audia A. Ortiz	(407)	310-7200
	ame of Person	Area Code & Daytime Te	lephone Number
Enclosed is a chec	k for the following amount:		
]\$125.00 Filing Fe	See \$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
eck essent eviously. Thanks.	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited Liability Company is:	
WISE NETWORK ENTE (Must end with the words "Limited Liabilit	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
889 Little Bend Road Altamonte Springs, FL 32714	889 Little Bend Road Altamonte Springs, FL 32714
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the re	red Agent. You must designate an individual or another
Claudia A.	-
Name	<u>Σ</u> ω ο
889 Little Ber	nd Road FR 는 그
Florida street address (P.O. I	Box NOT acceptable)
Altamonte Springs City, State, an	FL 32714  d Zip  SEF F S B D
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above ated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.

#### Page 1 of 2

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

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

"MGR" = Manager "MGRM" = Managing Member  MGR  Claudia A. Ortiz  889 Little Bend Road Altamonte Springs, FL 32714  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing: fective date is listed, the date must be specific and cannot be more than five business dates after the date of filing.)  REOUIRED 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.)  Claudia A. Ortiz  Typed or printed name of signee  Filling Fees:		ager	Name and Address:
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:			
Altamonte Springs, FL 32714    Comparison of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)    Claudia A. Ortiz   Typed or printed name of signee	MGR		Claudia A. Ortiz
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  [Claudia A. Ortiz]  [Claudia A. Ortiz  [Typed or printed name of signee]  [Claudia A. Ortiz  [Typed or printed name of signee]  [Claudia A. Ortiz  [Typed or printed name of signee]			889 Little Bend Road
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:			Altamonte Springs, FL 32714
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:			
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:			ALL OF THE CONTRACT OF THE CON
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:			AR L
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:			PT 1
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:			mo F
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:			
LE V: Effective date, if other than the date of filing:		<del></del>	OFA
LE V: Effective date, if other than the date of filing:			55
fective date is listed, the date must be specific and cannot be more than five business dated 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.)  Claudia A. Ortiz  Typed or printed name of signee	/ T T	nt if necessary)	·
fective date is listed, the date must be specific and cannot be more than five business dated 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.)  Claudia A. Ortiz  Typed or printed name of signee	(Use attachmer	2 /	
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.)  Claudia A. Ortiz  Typed or printed name of signee		• /	data of films. (ODTION
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.)  Claudia A. Ortiz  Typed or printed name of signee	LE V: Effective	e date, if other than the	e date of filing: (OPTION.
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.)  Claudia A. Ortiz  Typed or printed name of signee	LE V: Effective fective date is I	re date, if other than the listed, the date must b	e date of filing: (OPTION.  be specific and cannot be more than five business da
(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.)  Claudia A. Ortiz  Typed or printed name of signee	LE V: Effective fective date is I	re date, if other than the listed, the date must b	e date of filing: (OPTION.  De specific and cannot be more than five business da
(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.)  Claudia A. Ortiz  Typed or printed name of signee	LE V: Effective date is leading after the	e date, if other than the listed, the date must b date of filing.)	e date of filing: (OPTION.  De specific and cannot be more than five business da
(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.)  Claudia A. Ortiz  Typed or printed name of signee	LE V: Effective date is leading after the	e date, if other than the listed, the date must b date of filing.)	e date of filing: (OPTION. be specific and cannot be more than five business da
of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  Claudia A. Ortiz  Typed or printed name of signee	LE V: Effective date is leading after the	re date, if other than the listed, the date must be date of filing.)	e specific and cannot be more than five business da
Typed or printed name of signee	LE V: Effective date is leading after the	re date, if other than the listed, the date must be date of filing.)  SIGNATURE:  Signature of a member	er or an authorized representative of a member.
••••	LE V: Effective date is leading after the	re date, if other than the listed, the date must be date of filing.)  SIGNATURE:  Signature of a member of this document cons	er or an authorized representative of a member.  Section 608.408(3), Florida Statutes, the execution estitutes an affirmation under the penalties of perjury
	LE V: Effective date is leading after the	re date, if other than the listed, the date must be date of filing.)  SIGNATURE:  Signature of a member of this document cons	er or an authorized representative of a member.  action 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury arein are true.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)