

LD9000088922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

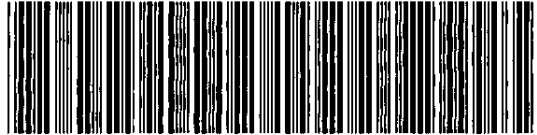
Special Instructions to Filing Officer:

L. SELLERS

SEP 15 2009

EXAMINER

Office Use Only



300160236133

09/14/09--01011--003 **130.00

FILED

09 SEP 14 AM 10:29

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Don Wolfe
8774 NW 50th Drive
Coral Springs, FL 33067
954 753 8905 · dwolfe314@gmail.com

To Whom It May Concern:

Enclosed is the application for the following new LLC:

Small Wins LLC.

It contains the articles of Organization and Designation of Registered Agent. I can be contacted for any questions regarding the documents submitted at the following numbers and address:

Don Wolfe
8774 NW 50th Drive
Coral Springs, FL 33067

e-mail: dwolfe314@gmail.com

Hm: 954 753 8905
Cl: 954 254 0389

Sincerely,


Don Wolfe

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Small Wins LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Don Wolfe

Name of Person

Firm/Company

8774 NW 50th Drive

Address

Coral Springs, FL 33067

City/State and Zip Code

dwwolfe314@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Don Wolfe

Name of Person

at (954) 753 8905

Area Code & Daytime Telephone Number

Enclosed is a check for 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
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Small Wins 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:

8774 NW 50th Drive
Coral Springs, FL 33067

8774 NW 50th Drive
Coral Springs, FL 33067

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:

Don Wolfe

Name

8774 NW 50th Drive

Florida street address (P.O. Box **NOT** acceptable)

Coral Springs FL 33067

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.

Don Wolfe

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE FLORIDA

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:

MGR

Don Wolfe
8774 NW 50th Drive
Coral Springs, FL 33067

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: October 1, 2009. (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:

Don Wolfe

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.)

Don Wolfe

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)