

L10000022008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

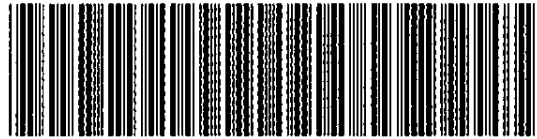
(Business Entity Name)

(Document Number)

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EFFECTIVE DATE 2/15/2010

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 FEB 18 PM 4:59

B. KOHR

FEB 26 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

EFFECTIVE DATE 2/15/2010

SUBJECT: GFW Enterprises, 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:

Estan L. Fuller

Name of Person

GFW Enterprises, LLC

Firm/Company

904 Lakeshore Drive

Address

Lakeland, FL 33868

City/State and Zip Code

captesful@aol.com

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

For further information concerning this matter, please call:

Estan Fuller

Name of Person

at ( 863 )

602-9182

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  
DIVISION OF CORPORATIONS  
10 FEB 18 PM 4:35



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2010

ESTAN L. FULLER  
2740 INDUSTRIAL PARK DRIVE  
LAKELAND, FL 33801

SUBJECT: GFW ENTERPRISES, LLC  
Ref. Number: W10000008499

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 FEB 18 PM 4:33

We have received your document for GFW ENTERPRISES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$125.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 710A00004146

EFFECTIVE DATE 2/15/2010

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

WFG Enterprises, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 FEB 18 PM 4:33

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

2740 Industrial Park Dr.  
Lakeland, FL 33801

**Mailing Address:**

904 Lakeshore Drive  
Polk City, FL 33868

**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:

Estan L. Fuller

Name

904 Lakeshore Dr.

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

Polk City FL 33868

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.*

*X* Estan L. Fuller  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

Keith Gilliard

5645 Lake Grove Dr.

Lakeland, FL 33810

MGR

Eddie J. Wilson

5222 Heritage Tr.

Lakeland, FL 33811

MGR

Estan L. Fuller

904 Lakeshore Dr.

Polk City, FL

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 2/15/10 (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:**

X 

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.)

X ESTAN L. FULLER

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)**