

L10000032760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FILED
2010 MAR 24 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAR 25 2010

EXAMINER

March 22, 2010
Division of Corporations

To Whom it may Concern:

Enclosed please find Articles of Organization
for Florida Limited Liability Company.
Along with Check for \$160⁰⁰/_{xx}

FWC Group, LLC

1119 SE 14th St

Cape Coral, FL 33990

please return all correspondence to
FWC Group, LLC in care of

William Wellmaker

1119 SE 14th St

Cape Coral, FL 33990

972-579-7033

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FWC Group, 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:

1119 SE 14th St

Cape Coral FL 33990

Mailing Address:

1119 SE 14th St

Cape Coral FL 33990

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:

William Wellmaker

Name

1119 SE 14th St

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

Cape Coral FL 33990

City, State, and Zip

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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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGRM

William Wellmaker

1119 SE 14th St

Cape Coral, FL 33990

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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:


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.)

William Wellmaker

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)