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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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B. KOHR

APR 13 2010

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 12 AM 11:06

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WD CUSTOM DESIGNS, 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:

RODNEY STOKES
Name of Person

WD CUSTOM DESIGNS, LLC
Firm/Company

PO BOX 58136
Address

JACKSONVILLE FL 32241
City/State and Zip Code

ERIK@WEHNERFINANCIAL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RODNEY STOKES at (904) 759-7476
Name of Person 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 12 AM 11:06

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
STATE
DIVISION OF CORPORATIONS
10 APR 12 AM 11:06

ARTICLE I - Name:

The name of the Limited Liability Company is:

WD CUSTOM DESIGNS, 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:

12736 Caron Drive
Jacksonville, FL 32258

P.O. Box 58136
Jacksonville, FL 32241

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.)

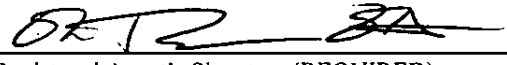
The name and the Florida street address of the registered agent are:

ERIK J WEHNER EA
Name

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

MIDDLEBURG FL 32068
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..


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:

MGRM

RODNEY STOKES

12736 CARON DRIVE

JACKSONVILLE, FL 32258

MGR

WILLIAM DEVITA

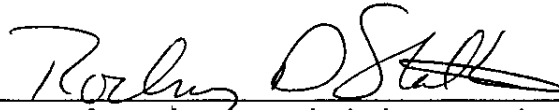
1908 WILLOW GROUSE PLACE

ST. JOHNS , FL 32259

(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.)

RODNEY STOKES

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)

5:10

KURT LANG

248-980-

7339

ELSIE - SPIEGEL

LI-37004

KRIST

305

CYLER

854

OWE

6000

(X 211)