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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone) #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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B. KOHR
MAY 25 2010

EXAMINER

COVER LETTER

SUBJECT: Wilmon			
	Name of Limi	ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	6
Please return all corres	pondence concerning this mat	ter to the following:	10 HAY 24
Fred C. Dava	ant		72
		Name of Person	
			
		Firm/Company	
PO Box 4500	07	Address	
		110100	
Miami, FL 33	245		
		trifftota and Zin Cada	
fdavant@bell	Cit	ty/State and Zip Code	
fdavant@bell	Cit south.net	ry/State and Zip Code for future annual report notification)	
	Cit south.net	for future annual report notification)	
For further information	Cit SOUTH.net E-mail address; (to be used	for future annual report notification) e call:	
For further information Fred C Davant	Cit SOUTH.net E-mail address; (to be used	for future annual report notification)	Number
Fred C Davant Name	Cit SOuth.net E-mail address: (to be used concerning this matter, please	for future annual report notification) e call: at (305) 8588241	Number
Fred C Davant Name	Cit SOUth.net E-mail address: (to be used concerning this matter, please of Person	at (305 8588241 Area Code & Daytime Telephone \$155.00 Filing Fee & \$16 Certified Copy (additional copy is enclosed) Cer	
Fred C Davant Name Enclosed is a check for	South.net E-mail address: (to be used concerning this matter, please of Person or the following amount:	at (305 8588241 Area Code & Daytime Telephone \$155.00 Filing Fee & \$16 Certified Copy (additional copy is enclosed) Cer	0.00 Filing Fee, rtificate of Status & rtified Copy

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	0				
he name of the Limited Liability Company is:					
Wilmon LLC	Company is:				
	s "Limited Liability Company, "L.L.C.," or "LLC.")				
ADTICLEM ALL	7				
ARTICLE II - Address: The mailing address and street add	ress of the principal office of the Limited Liability Compan				
The manning address and street add	less of the principal office of the Emilied Liability Company				
Principal Office Address:	Mailing Address:				
2950 SW 3rd Ave #9B	PO Box 450007				
ARTICLE III - Registered Agent	Miami, FL 33245 , Registered Office, & Registered Agent's Signature:				
ARTICLE III - Registered Agent The Limited Liability Company cannot serve business entity with an active Florida registra	, Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another tion.)				
ARTICLE III - Registered Agent The Limited Liability Company cannot serve business entity with an active Florida registra	, Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another tion.) dress of the registered agent are:				
ARTICLE III - Registered Agent The Limited Liability Company cannot serve business entity with an active Florida registra The name and the Florida street add	, Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another tion.) dress of the registered agent are:				
ARTICLE III - Registered Agent The Limited Liability Company cannot serve business entity with an active Florida registra The name and the Florida street add	Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another tion.) dress of the registered agent are: t Name				
ARTICLE III - Registered Agent The Limited Liability Company cannot serve business entity with an active Florida registra The name and the Florida street add Fred C. Davan	Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another tion.) dress of the registered agent are: t Name				
The Limited Liability Company cannot serve business entity with an active Florida registra The name and the Florida street add Fred C. Davan 2950 SW 3rd	Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another tion.) dress of the registered agent are: t Name Name				

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)

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:

"MGKM" = Mai	ger naging Member	Name and Address:	
MGR		Fred C Davant	
		2950 SW 3rd Ave # 9 B	
		Mlami, Fl. 33129	
			
			
			
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n effective date is lis r 90 days after the d	GNATURE: Signature of a member of this document constitution that the facts stated herein fred C Davant	or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution ites an affirmation under the penalties of perjury in are true.)	ΓΙΟΝΑL) ess days pr
n effective date is lis r 90 days after the d	GNATURE: Signature of a member of this document constitution that the facts stated herein fred C Davant	or an authorized representative of a member. The state of the state o	ΓΙΟΝΑL) ess days pr

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)