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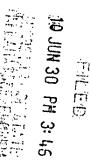
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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S. HAWKES

JUL 1 2010

EXAMINER

S. HAWKES

JUN 2 2 2010

EXAMINER

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June 22, 2010

SARA CARPIO 10914 LEDGEMENT LANE WINDERMERE, FL 34786

SUBJECT: WIRELESS WIZARD LLC

Ref. Number: W10000029843

We have received your document for WIRELESS WIZARD LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 610A00015370

COVER LETTER

: TO:	Registration Division of C			
SUBJEC	ст: <u> </u> <u> </u>	Name of Limi	WIZARI) ited Liability Company	LLC.
The encle	osed Articles	of Organization and fee(s) are	submitted for filing.	
Please re	turn all corres	pondence concerning this ma	tter to the following:	
		SARA	CARPI O Name of Person	
	····		Firm/Company	
	1091	4 LEDGE	EMENT LO Address	ne.
	Wi,	n derme re	FI 3 4/	786
		Dara_Car	Pro@ Live.	com
		E-mail address: (to be used	for future annual report notification)	
		concerning this matter, please		
	S ARA Name	CARPIO O OF Person	at (407) 36. Area Code & Daytime Telep	1-3639 hone Number
Enclosed	is a check for	or the following amount:		
□\$ 125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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 Ci Tallahassee, FL 32301	rcłe

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY, COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
The WireLess Wizard 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:
634 West Highway 50 10914 Ledgement Ln. Clermont, Fl 34711 Windermere, Fl 34786
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:
SARA CARP, O Name
Name
10914 Ledgement Ln.
Florida street address (P.O. Box NOT acceptable)
City, State, and Zip
Oits, outlet with Dip

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

<u>Title:</u> "MGR" = Manage "MGRM" = Manage	r ging Member	e and Address:
SARA CA	KR:0 "MGRM" 1	10914 Ledgement Ln Vindermore F1 3478
VICENTE	ZUNIGA MERI	M" 17150 TUSCAN Groveland, FI 3
	- -	A Property of the Control of the Con
(Use attachment if	necessary)	
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days after the date REQUIRED SIGN	Quva	orized representative of a member.
days after the date REQUIRED SIGN Si (I	gnature of a member or an author accordance with section 608.408	8(3), Florida Statutes, the execution mation under the penalties of perjury
days after the date REQUIRED SIGN Si (I	gnature of a member or an author accordance with section 608.408 f this document constitutes an affirmat the facts stated herein are true.)	8(3), Florida Statutes, the execution mation under the penalties of perjury

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)