

L10000104874

(Requestor's Name)

JOHN CHRIST
239 MARY CATHERINE CT.
LAKELAND, FL 33809

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

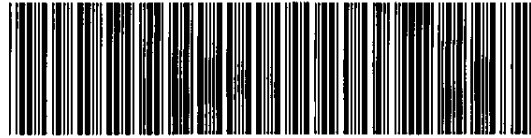
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/23/10--01020--024 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT -6 AM 10:11

T. HAMPTON

OCT -7 2010

EXAMINER

656747-010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WISE MOVES 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:

JOHN CHRIST

Name of Person

WISE MOVES LLC

Firm/Company

5337 N SOCRUM LOOP RD #331

Address

LAKELAND FL 33809

City/State and Zip Code

WISEMOVES.LLC@GMAIL.COM

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

For further information concerning this matter, please call:

JOHN CHRIST

Name of Person

at (863) 858-2922

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)

ALREADY PAID

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 OCT -6 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 24, 2010

JOHN CHRIST
239 MARY CATHERINE CT
LAKELAND, FL 33809

SUBJECT: WISE MOVES, LLC
Ref. Number: W10000044759

We have received your document for WISE MOVES, 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):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The registered agent must sign accepting the designation.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 610A00022768

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WISE MOVES 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:

239 MARY CATHERINE CT.
LAKELAND, FL 33809

Mailing Address:

5337 N SOCRUM LOOP RD #331
LAKELAND, FL 33809

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:

JOHN CHRIST

Name

239 MARY CATHERINE CT

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

LAKELAND FL 33809

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.

John Christ
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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DIVISION OF CORPORATIONS
10 OCT - 6 AM 10:14

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

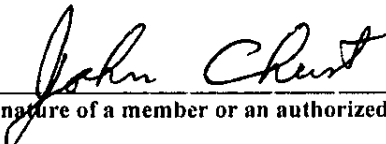
JOHN CHRIST
239 MARY CATHERINE CT.
LAKE LAND, FL 33809

(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.)

JOHN CHRIST
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)

\$160 PAID

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT -6 PM 10:11