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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100186644161

10/18/10--01011--011 **160.00

Effective Date 11-1-2010

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT 18 PM 3:43

EFFECTIVE DATE 11/1/2010

B. KOHR

NOV - 2 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2010

VICENTE ZUNIGA
247 W BROAD ST
GROVELAND, FL 34736

SUBJECT: WIZARD WIRELESS, INC
Ref. Number: 100186644161

EFFECTIVE DATE 11/1/2010

FILED
SECRETARY OF CORPORATIONS
10 OCT 18 PM 3:43

We have received your document for WIZARD WIRELESS, INC 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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) 245-6097.

Jeraline Saulsberry
Regulatory Specialist II

Letter Number: 210A00024885

Kohr, William "Buck"

From: wizard wireless [wizard1w@hotmail.com]
Sent: Monday, November 01, 2010 4:25 PM
To: Kohr, William "Buck"
Subject: CONSENT TO RELEASE THE NAME OF WIZARD WIRELESS INC

Hi:

Thank you for taking care my petition. According with your requerements. This is a letter to let you know that We have no intention of reinstating, therefore, release the name of WIZARD WIRELESS INC. to be use for WIZARD WIRELESS LLC

Sincerely,

VICENTE ZUNIGA
407-361-3639

COVER LETTER

EFFECTIVE DATE 11/1/2010

**TO: Registration Section
Division of Corporations**

SUBJECT: WIZARD Wireless 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:

VICENTE ZUNIGA
Name of Person

WIZARD Wireless LLC
Firm/Company

247. W. BROAD ST.
Address

GROVELAND FL 34736
City/State and Zip Code

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

For further information concerning this matter, please call:

VICENTE ZUNIGA at 305 318-5151
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 STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
10 OCT 18 PM 3:13

EFFECTIVE DATE 11/1/2010

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WIZARD WIRELESS LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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10 OCT 18 PM 3:43

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

247 W. BROAD ST.
GROVELAND, FL 34736

Mailing Address:

247 W. BROAD ST.
GROVELAND FL 34736

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:

VICENTE ZUÑIGA

Name

17150 TUSCANOOGA RD.

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

Groveland FL 34736

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.

x [Signature]
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

MGR.

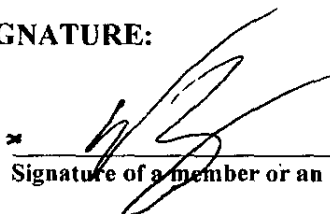
Name and Address:

VICENTE ZUNIGA
17150 TUSCAN DOGA RD.
Groveland. FL 34736

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: NOVEMBER 01/2010 (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

VICENTE ZUNIGA

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)