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COVER LETTER

	ation Section		0,
Divisio	n of Corporations		* 2
الرحميي	W Solutions, LLC		3.
SUBJECT: <u>~.</u>		ited Liability Compa	ny S
The enclosed Ar	ticles of Organization and fee(s) are	submitted for filing	; .
Please return all	correspondence concerning this ma	tter to the following	:
Lars	Wiksten		
		Name of Person	
		Firm/Company	
801 5	Shell Lane		
-		Address	
Longw	ood, FL 32750		
	C	ity/State and Zip Code	
LARS@	JLWLLC.COM		
	E-mail address: (to be used	for future annual repo	rt notification)
For further infor	mation concerning this matter, please	se call:	
Lars Wikster	l	_at (407	687-4582
	Name of Person	Area Code	& Daytime Telephone Number
Enclosed is a cl	neck for the following amount:		
✓ \$125.00 Filing F	cee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Board Exe	urier Address on Section of Corporations uilding cutive Center Circle ce, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY			
ARTICLE I - Name: The name of the Limited Liability Company	is:		
JLW Solutions, LLC			
(Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
801 Shell Lane	801 Shell Lane		
Longwood, FL 32750	Longwood, FL 32750		
Lars Wiksten Nation Nat	me		
Florida street	address (P.O. Box NOT acceptable)		
Longwood	_{FL} 32750		
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	state, and Zip to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all a performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S		
CONT	INUED)		

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:

MGR	Lars Wiksten
	801 Shell Lane
	Longwood, FL 32750
MGR	Jacquelyn Wiksten
	801 Sheil Lane
	Longwood, FL 32750
(Use attachment if necessary)	
(Oso machinem in necessary)	
LE V: Effective date, if other than	the date of filing: (OPTIONA
	st be specific and cannot be more than five business day
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.)

Jacquelyn Wiksten

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)