

L11000117728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

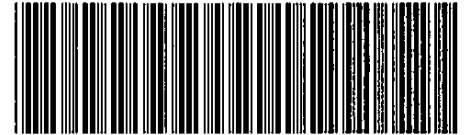
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ALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
JUL 13 2011

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Wilson Home Improvement 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:

Thomas Wilson  
Name of Person

\_\_\_\_\_  
Firm/Company

250 St. Lucie Lane #22  
Address

Cocoa Beach, FL 32931  
City/State and Zip Code

wilsonfamily9@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Wilson at (352) 242-8780  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

SECRETARY  
OF THE STATE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Wilson Home Improvement

(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

#### Principal Office Address:

250 St. Lucie Lane #22  
Cocoa Beach, FL 32931

#### Mailing Address:

250 St. Lucie Lane #22  
Cocoa Beach, FL 32931

### 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:

Tom Wilson  
Name

250 St. Lucie Lane #22  
Florida street address (P.O. Box NOT acceptable)

Cocoa Beach FL 32931  
City, State, and Zip

*Having been named as registered agent and to accept service of process for the above state 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, 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*

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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

**Name and Address:**

mgr

Tom Wilson  
250 St. Lucie Lane #22  
ocoa Beach, FL 32931

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIC  
(If an effective date is listed, the date must be specific and cannot be more than five business  
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.)

Thomas L. Wilson

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)**