Pag Division of Corpor e l of l tions Florida Department of State **Division of Corporations** Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H12000027202 3))) Hi 20000272023ABCQ Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: pivision of Corporations ្តរ ព្រះ : (850)617-6383 Fax Number EIVED From: 1H II: 28 Account Name : DUSS, KENNEY, SAFER, HAMPTON & Account Number : 12009000089 : (904)543-4300 Phone Fax Number : (904)543-4301 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\* esa terpiax Email Address: FLORIDA LIMITED LIABILITY CO. WRINKLE MANAGEMENT SERVICES, INC. Certificate of Status Ð 1 Certified Copy AH 10: 06 11 Page Count 02 \$155.00 Estimated Charge Corporate Filing Ment Melp Electronic Filing Menu FEB - 2 2012 EXAMINER 2/1/2012 https://efile.sunbiz.org/scripts/efileovr.exe

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# ARTICLES OF ORGANIZATION FOR WRINKLE MANAGEMENT SERVICES, LLC

### ARTICLE 1: NAME

### The name of the Limited Liability Company is: WRINKLE MANAGEMENT SERVICES, LLC

### **ARTICLE 2: ADDRESS**

The mailing and street address of the principal office of the Limited Liability Company is: 8710 W. Hillsborough Avenue, Drawer 325, Tampa, Florida 33615.

## ARTICLE 3: DURATION

The period of duration for the Limited Liability Company shall be perpetual.

## **ARTICLE 4: MANAGEMENT**

The Limited Liability Company is to be managed by the members and the names of the Managing Members are:

B.C. Wrinkle, as Trustee Member 8710 W. Hillsborough Avenue. Drawer 325 Tampa, Florida 33615

### **ARTICLE 5: RESERVED**

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ARTICLE 6: RESERVED

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This Instrument Prepared by: Eliot J. Safer, Esquire Florida Bar No. 194511 4348 Southpoint Boulevard Jacksonville, FL 32216 Phone: (904) 543-4300

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## **ARTICLE 7: REGISTERED AGENT**

The name and address of the registered agent for service of process required to be maintained by Section 608.412, Florida Statutes, is: Eliot J. Safer, Duss, Kenney, Safer, Hampton & Joos, P.A., 4348 Southpoint Boulevard, Suite 101, Jacksonville, Florida 32216,

IN WITNESS WHEREOF, Authorized Person, has executed these Articles of Organization this <u>3</u><sup>P</sup> day of January, 2012.

Authorized Person

### ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent 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.

Eliot J. Safer

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