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WALLAHASSEE FLORIDA

D. BRUCE

FEB 24 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: WOLFE DIE Name of	SEL Limited Liability Company		
The enclosed Articles of Organization and fee((s) are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:		
Jerold h	Joife		
	Name of Person		
	Firm/Company		
1862 Center S	St		
	Address		
Jupiter, F	1 33458 EE	12 F	
Jerrywoife @	City/State and Zip Code	EB 23	
E-mail address: (to be	e used for future annual report notification)		
For further information concerning this matter,	please call: FINAL STATE OF THE	A	
Jerold Wolfe Name of Person	at (501) 262-5741 Area Code & Daytime Telephone Number	25	
Enclosed is a check for the following amou	unt:		
\$125.00 Filing Fee \$130.00 Filing Fee Certificate of State	& \$155.00 Filing Fee & \$160.00 Filing Fee,)	
Mailing Address Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	Clifton Building		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
WOLFE DIESEL L. (Must end with the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1862 Center St Jupiter, FL 33458	1862 Center St Jupiter, FL 33458
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re-	gistered agent are:
	SH Sess (P.O. Box NOT acceptable) FL 33458 e, and Zip
Having been named as registered agent and to ac	ccept service of process for the above stated limited

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..

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGR	Jeroid Wolfe 1812 Centre St Jopher FL 33458
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the an effective date is listed, the date must or 90 days after the date of filing.)	be specific and cannot be more than five business days prior
<u>REQUIRED</u> SIGNATURE:	
Signature of a memi	ber or an authorized representative of a member.
constitutes an affirmation und I am aware that any false info constitutes a third degree felo	08.408(3), Florida Statutes, the execution of this document let the penalties of perjury that the facts stated herein are true formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.) Typed or printed name of signee Typed or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Org of Registered Agent	59 2 17