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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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SEURLIANY OF STATE
MAIN AHASSEE, ELORIDA

B. BOSTICK
MAR 2 3 2012
EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations					
SUBJECT: Wrist Promotions LLC.					
Name of Limited	Liability Compa	iny			
The enclosed Articles of Organization and fee(s) are sub	bmitted for filing	; .			
Please return all correspondence concerning this matter	to the following	:			
Christopher Marlow					_
N	ame of Person		-		_
Wrist Promotions LLC.					
Fi	irm/Company				-
421 N. Woodland Blvd. Unit	6768				
	Address			TAT St	
Deland, FI 32723				E.C.	MAR
	State and Zip Code		 	75. SS.	- 2 2
wristpromotions@gmail.com	·			SEE XXX	22
E-mail address: (to be used for	future annual repo	rt notification)		- T	Ē
For further information concerning this matter, please ca	all:			STA	=
.				TE A	$\frac{\omega}{-}$
	at (386	986-0126	N. S. T. S.	_	
Name of Person	Area Code	& Daytime Tele	pnone Number		
Enclosed is a check for the following amount:					
\$125.00 Filing Fee \$\bigcup\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	by	\$160.00 Filing Certificate of Certified Copy (additional copy	Status &	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Olivision Olivision But 2661 Execution Registration But 2661 Execution Registration	ourier Address on Section of Corporations uilding cutive Center C ee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Com	pany is:	
Wrist Promotions LLC.		
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liab	oility Company is:
Principal Office Address:	Mailing Address:	
1401 Flighline Blvd Deland, Fl 32720	421 N. Woodland Blvd. Unit 67 Deland, Fl 32723	68
	gistered Office, & Registered Agent's S	
The name and the Florida street address	of the registered agent are:	12 MAR 22 SECRETARY TALLAHASSE
Maverick Marqu	ardt	CRE CAH
	Name	R 22
421 N. Wood	lland Blvd. Unit 6768	ima `
Florida	street address (P.O. Box NOT acceptable)	
Deland	_{FL} 32723	AHII: 31 OF STATE OF FLORIDA
	City, State, and Zip	Ă —

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 Mer	nber
MGRM	Maverick Marquardt
	421 N. Woodland Blvd. Unit 6768
	Deland, Fl 32723
MGRM	Deland, Fl 32723
	421 N. Woodland Blvd. Unit 6735
	Deland, FI 32723
	Deland, FI 32723 FLORIT
	<u></u>
	
(Use attachment if necessar	у)
CLE V: Effective date, if other	er than the date of filing: (OPTIONAL)
effective date is listed, the da O days after the date of filing	te must be specific and cannot be more than five business days g.)
REQUIRED SIGNATURE	E:
	

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.)

Christopher Marlow

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)