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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Wickham7775, 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 J. Swirbel	
Name of Person	
N/A	
Firm/Company	
4367 SW 134th Avenue	
Address	
Davie, FL 33330	7 2
City/State and Zip Code tswirbel@bellsouth.net	SECRETARY OF STATE
E-mail address: (to be used for future annual report notification)	R 27
For further information concerning this matter, please call:	
Thomas J. Swirbel at (954) 605-8268	FLORIDE STATE
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
S125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee & \bigcup \Certificate of Status \\ (additional copy is enclosed) \\ (additional copy is e	of Status & opy

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wickham7775, LLC		<u></u>
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liabi	lity Company is:
Principal Office Address:	Mailing Address:	
4367 SW 134th Avenue Davie, FL 33330	4367 SW 134th Avenue Davie, FL 33330	
Davie, FL 33330	registered agent are: e Avenue ddress (P.O. Box NOT acceptable) FL state, and Zip	DIZ KPR 27 MY III: 07

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 Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	Thomas J. Swirbel	
	4367 SW 134th Avenue	
	Davie, FL 33330	
MGRM	Lara J. Martin	
	4367 SW 134th Avenue	
	Davie, FL 33330	
		SECRETARY D
(Use attachment if necessary)		FLORI

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.)

Thomas J. Swirbel

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)