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FILED 2012 JUN 15 PM 3: 55 SECRETARY OF STATE

M12-21222

J. BRYAN

JUN 18 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 17, 2012

AARON WOLFE WOLFE & ASSOCIATES LLC 4280 HAZEL AVE UNIT D PALM BEACH GARDENS, FL 33410

SUBJECT: WOLFE & ASSOCIATES LLC.

Ref. Number: W12000021222



We have received your document for WOLFE & ASSOCIATES LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is #L99000008344, WOLFE & ASSOCIATES, L.L.C..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 712A00011971

Joey Bryan Regulatory Specialist II

COVER LETTER

TO: Registration Section Division of Corporations			
surject: WolfeTech LL	.C.		
	Varne of Limited Liabilit	y Company	
The enclosed Articles of Organization	and fee(s) are submitted	for filing.	
Please return all correspondence conce	ming this matter to the f	ollowing:	
Aaron Wolfe	Name of F	Norvenn	TALLAMIS PH 3: 55
WolfeTech LLC.	Ivalie of t	cisuit	AND TO PUT
	Firm/Com	pany	Tio 3
4280 Hazel Ave U	nit D		55
	Addre	S	7
Palm Beach Garden	s FL 33410		
	City/State and	Zip Code	
Aaron @aaronwolfe.c	OM ass: (to be used for future an	mual report notification)	
For further information concerning this	s matter, please call:		
Aaron Wofe	_{at (} 56	1) 373 0211	
Name of Person		Area Code & Daytime Tele	phone Number
Enclosed is a check for the following	ng amount:		
\$125.00 Filing Fee \$130.00 Fi Certificate	of Status Certi	.00 Filing Fee & [fied Copy ional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ad Registration Division of P.O. Box 6 Tallahassee	Section Corporations 127 (FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Fallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
WolfeTech LLC.	## 15 F
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ty Company, "L.L.C.," or "LLC.") Incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4280 Hazel Ave Unit D	4280 Hazel Ave Unit D
Palm Beach Gardens FL	Palm Beach Gardens FL
33410	33410
The name and the Florida street address of the re Aaron Wolfe	egistered agent are:
Name	
4280 Hazel Ave U	Jnit D
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Palm Beach Gardens	_{FL} 33410
City, Sta	te, and Ztp
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete be	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all aformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	me (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

"MGR" = Manager "MGRM" = Managing Me	Name and Address:
MGRM	Robert Brunk
- IVICATAIN	13164 Compton rd
	Loxahatchee FL 33470
	Loxahatchee FL 33470
	To San Control of the
(Use attachment if necessary)	nry) her than the date of filing: (OPTIONAL
Rective date is listed, the d	laternust be specific and cannot be more than five business days
days after the date of filin	
days after the date of filing	RE:
days after the date of filing	
Clays after the date of fifting recourse of the constitutes an affiliant arm aware that ar	RE:
Clays after the date of filling recordance with constitutes an affiliation of the constitutes at third constitutes a third	e of a member or an authorized representative of a member. th section 608.408(3), Florida Statutes, the execution of this document rmation under the penalties of perjury that the facts stated herein are true, my false information submitted in a document to the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 3000 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)