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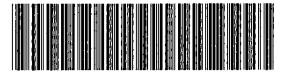
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

JUL - 3 2012

EXAMINER



400236918644

06/29/12--01009--025 **125.00



COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT: W.I.L	Consulting Grou		
	Name of Limit	ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
Willie Lu	ımpkin	•	٠
		Name of Person	7
W.J.L.C	3		7
		Firm/Company	
290 Nev	vbury Place North		
		Address	
Saint Pete	ersburg, FL. 33716		
		ty/State and Zip Code	
cg@wilcg.		for future annual report notification)	
For further information	n concerning this matter, please	·	•
. Turmer information	n concerning this matter, pieas	c can.	
Willie Lumpkin		_at (727) 388-1991	
Ņam	e of Person	Area Code & Daytime Telephone	e Number
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	60.00 Filing Fee, entificate of Status & entified Copy ditional copy is enclosed)
	Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

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:

W.I.L Consulting Group. LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
290 Newbury Place North	290 Newbury Place North	
Saint Petersburg, FL. 33716	Saint Petersburg, FL. 33716	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Willie J. Lumpkin	
Na	me
290 Newbury P	lace North
Florida street	address (P.O. Box NOT acceptable)
Saint Petersburg	_{FL} 33716
City	, State, and Zip

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)

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:

/IGR	Willie Lumpkin
	290 Newbury Place North
	Saint Petersburg, FL. 33716
	
Use attachment if necessary)	
EV: Effective date, if other than	the date of filing: (OPTION

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.)

Willie Lumpkin

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)

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