#112000099755

(Requ	estor's Name)	
(Addre	ess)	
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(City/s	State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
(Busir	ness Entity Na	me)
(Docu	ment Number)
Certified Copies	Certificate	es of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



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SECRETARY OF STATE

K.SALY EXAMINER AUG 2 2012



Division of Corporations

June 5, 2012

SHAN MEHTA 9208 COUNTRY BAY COURT ORLANDO, FL 32819

SUBJECT: JOB, LLC.

Ref. Number: W12000030745

We have received your document for JOB, 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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L07000065290 "JOBS LLC".

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II

Letter Number: 012A00015949



July 2, 2012

SHAN MEHTA 9208 COUNTRY BAY COURT ORLANDO, FL 32819

SUBJECT: JOB, LLC.

Ref. Number: W12000030745

We have received your document for JOB, 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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P05000052047 "YASH, INC.".

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II

Letter Number: 912A00017848

COVER LETTER

TO: Registration Division of C			
SUBJECT: WIL.	LLC.		
	Name of Limite	ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this matt	ter to the following:	
Shan Me	ehta		
		Name of Person	
WIL, LL	C.		
		Firm/Company	
9208 Co	untry Bay Court		
		Address	
Orlando, F			
		y/State and Zip Code	
smentalic	05@gmail.com E-mail address: (to be used f	for future annual report notification)	
For further information	n concerning this matter, please	e call:	
Shan Mehta		at (407) 288-0493	
Name	e of Person	Area Code & Daytime Telephone N	umber
Enclosed is a check t	for the following amount:		
\$125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	.00 Filing Fee, ficate of Status & fied Copy ional copy is enclosed)
	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	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Cor	npany is:	
WIL, LLC (Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Lia	shility Company is:
The maning address and street address	of the principal office of the Emitted Etc	ionity Company is:
Principal Office Address:	Mailing Address:	
9208 Country Bay Court	9208 Country Bay Court	<u>-</u>
Orlando, FL 32819	Orlando, FL 32819	
business entity with an active Florida registration. The name and the Florida street addres Varneet Mehta		12 Al
9208 Count	ry Bay Court	FILED'
Florid	a street address (P.O. Box NOT acceptable)	巴公 共
Orlando	_{FL} 32819	当当ら
	City, State, and Zip	D

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

And the second second

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Memb	er
MGR	Shan Mehta
	9208 Country Bay Court
	Orlando, FL 32819
	
(Use attachment if necessary)	
CLE V: Effective date, if other teffective date is listed, the date	than the date of filing: (OPTIONA must be specific and cannot be more than five business days
0 days after the date of filing.)	•
REQUIRED SIGNATURE:	
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.)

Shan Mehta

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)