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(Req	uestor's Name)	······································
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SECRETARY OF STATE

J. SAULSBERRY EXAMINER AUG 8 2012

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Wadesboro Place,	LLC	,
Sebere .	Limited Liability Company	
The enclosed Articles of Organization and fee(s		
	• ····································	
Debra Brigman	Name of Person	
Wadesboro Place, LLC	· :	
vvadesboro i idoc, EEC	Firm/Company	
9708 Wadesboro Road		ZOIZ AUG
	Address	S ≥ 1
Tallahassee, FL 32317		SAN O
	City/State and Zip Code	2
dbrigman12@gmail.com E-mail address: (to be	used for future annual report notification)	
For further information concerning this matter,	please call:	•
Debra Brigman	at (850) 284 4892	
Name of Person	Area Code & Daytime Telephone Nu	mber
Enclosed is a check for the following amou	unt:	
\$125.00 Filing Fee \$130.00 Filing Fee Certificate of State	tus Certified Copy Certification (additional copy is enclosed) Certification Certifica	00 Filing Fee, icate of Status & ied Copy onal copy is enclosed)
Mailing Address Registration Section Division of Corpora P.O. Box 6327		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	y is:	
Wadesboro Place, 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	e principal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
9704 Wadesboro Road	9704 Wadesboro Road	
Tallahassee, FL 32317	Tallahassee, FL 32317	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	Registered Agent. You must designate an indiv	idual or another 2012
The name and the Florida street address of	ine registered agent are:	
Debra Brigman		AR SSS
	fame	EG 🗫 🗊
9708 Wadesbo	oro Road	II. 2
Florida stre	et address (P.O. Box NOT acceptable)	PRATE OF
Tallahassee	_{FL} 32317	© 75 25
Cit	y, 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:

MGRM	Debra Brigman 9708 Wadesboro Road Tallahassee, FL 32317	
MGR	Yvonne Welborn .	_3
	8633 Oak Forest Trail	DE?
	Tallahassee, FL 32312	200
	ASS S	1
	<u>—————————————————————————————————————</u>	
		2
	<u> </u>	Pt 52
		12
(Use attachment if necessary)		
	August 4, 2042	
	than the date of filing: August 1, 2012 . (OPTION must be specific and cannot be more than five business d	

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.)

Debra Brigman

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)