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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

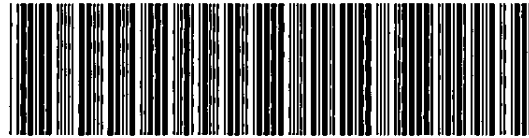
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

AUG 30 2012

EXAMINER



mentors providing insight and leadership

[www.wireacademicathleticcareerguides.com](http://www.wireacademicathleticcareerguides.com)

August 28, 2012

Department of State  
Attention: Registration Section  
Division of Corporations  
P.O.Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

I am writing in reference to the organization of WIRE Mentor LLC. Please accept this cover letter identifying the business name, the managing member's name, daytime telephone number, along with the attached articles of organization and check.

Organization/Business Name: WIRE Mentor LLC  
Managing Member's Name: Christian K. Winicki  
Phone Number: 904.217-4605

Let me know if I can provide any additional material regarding this matter: 904.217-4605. Thank you.

Sincerely,

Christian K. Winicki  
Managing Member and Registered Agent

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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: WIRE Mentor 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:

Christian K. Winicki

Name of Person

WIRE Mentor LLC

Firm/Company

24 Cathedral Place, Suite 207

Address

St. Augustine, FL 32084

City/State and Zip Code

ckw@wireacademicathleticcareerguides.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christian K. Winicki

Name of Person

at ( 904 ) 217-4605

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

WIRE Mentor 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:

24 Cathedral Place  
Suite 207  
St. Augustine, FL 32084

#### Mailing Address:

P.O. Box 1903  
St. Augustine, FL 32085

### 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:

Christian K. Winicki  
Name

24 Cathedral Place, Suite 207  
Florida street address (P.O. Box NOT acceptable)  
St. Augustine FL Florida 32084  
City, State, and Zip

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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*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)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Christian K. Winicki

24 Cathedral Place, Suite 207

St. Augustine, FL 32084

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

**ARTICLE V:** Effective date, if other than the date of filing: 27 AUG 2012 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Christian K. Winicki

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)**