L12000/49329

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
(Boodine Hamber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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11/28/12--01009--011 **160.00

BIVISION OF CORPORATIONS

C. LEWIS

NOV 2 9 2012

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT.

Wafer Productions

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:

Nelson Goncalves

Name of Person

Wafer Productions

Firm/Company

1904 White Heron Bay Circle

Address

Orlando, FI 32824-5682

City/State and Zip Code

Waferproductions@gmail.com

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

For further information concerning this matter, please call:

Nelson Goncalves

୍ଷ 321

276-6863

Name of Person

Area Code & Daytime Telephone Numbe

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Wafer Productions LLC.		
 	ited Liability Company, "L.L.C.," or "LLC.")	_
ARTICLE II - Address:	·	
	of the principal office of the Limited Liability	Company is:
-		. ,
Principal Office Address:	Mailing Address:	
1904 White Heron Bay Circle	1904 White Heron Bay Circle	
Orlando, Fl 32824-5682 ARTICLE III - Registered Agent. Re	Orlando, Fl 32824-5682	 ature:
ARTICLE III - Registered Agent, Re The Limited Liability Company cannot serve as its o		
ARTICLE III - Registered Agent, Re	Orlando, Fl 32824-5682 gistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or a	another
ARTICLE III - Registered Agent, Re The Limited Liability Company cannot serve as its of business entity with an active Florida registration.)	Orlando, Fl 32824-5682 gistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or a	another
ARTICLE III - Registered Agent, Re The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address	Orlando, Fl 32824-5682 gistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or a	
ARTICLE III - Registered Agent, Re The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address	gistered Office, & Registered Agent's Signature of the registered agent are: Name	another 2112 NOV 28
ARTICLE III - Registered Agent, Re The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address Nelson Goncalves 1904 White Heron Ba	gistered Office, & Registered Agent's Signature of the registered agent are: Name	another

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:

DIVISION OF C	Y OF ATTENT
2812 NOV 28	UNPONATIONS

<u>Title:</u> "MGR" = Manager	Name and Address:	7 HUY 28
"MGRM" = Managing Member		
MGR	Nelson Goncalves	
	1904 White Heron Bay Circle	
	Orlando, Fl 32824-5682	
MGR	Carey Craven	
	4640 Oak Cove Lane	
	Orlando, Fl 32806	
		
(Use attachment if necessary)		
LE V: Effective date, if other than	the date of filing:	(OPTIONA
fective date is listed, the date 1	nust be specific and cannot be mor	re than five busines
or 90 days after the date of filin		

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.)

Nelson Goncalves

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)