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TALLAHASSEE, FLORIDA

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EXAMINER

(850) 245-6051.

## COVER LETTER

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

SUBJECT: Fredrick J. Wainio, CPA, P.L.  
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:

Fredrick J. Wainio, Jr  
Name of Person

Fredrick J. Wainio, CPA, P.L.  
Firm/Company

P.O. Box 3623  
Address

St. Augustine, FL 32085-3623  
City/State and Zip Code

Fred@WainioCPA.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fred Wainio at (904) 502-3147  
Name of Person 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

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TALLAHASSEE, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Fredrick J. Wainio, CPA, P.L.

(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:

7 Waldo St.  
Ste. 200  
St. Augustine, FL 32084

### Mailing Address:

P.O. Box 3623  
St. Augustine, FL  
32085-3623

## 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:

Fredrick J. Wainio, Jr.  
Name

1242 Rish Hook Way  
Florida street address (P.O. Box **NOT** acceptable)  
Ponte Vedra FL 32082  
City, State, and Zip

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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

Fredrick J. Wainio, Jr.  
1242 Kish Hook Way  
Ponte Vedra, FL 32082

**ARTICLE V- PURPOSE & POWERS -**

The purpose of this limited liability company is to perform the services of a certified public accountant. In addition to the powers authorized by the State of Florida, the general nature of the business to be transacted shall be as follows:

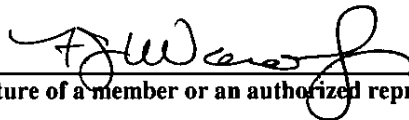
1. Engage in any activity or business authorized under the Florida statutes.
2. Conduct any incidental business, to have and exercise all the powers conferred by the laws of the State of Florida.
3. To enter into and make all necessary contracts for its business, and to perform and carry out, assign, cancel or rescind any of such contracts.

(Use attachment if necessary)

**ARTICLE VI:** Effective date, if other than the date of filing: Dec. 16, 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.)

Fredrick J. Wainio, Jr.

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)**