

L13000096416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

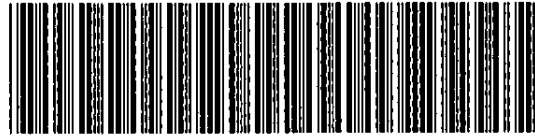
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900247540969

07/08/13--01002--019 **125.00

EFFECTIVE DATE

07-10-13

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 JUL - 8 PM 12: 21
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2013 JUL - 8 PM 8: 10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

B. BOSTICK
JUL - 8 2013
EXAMINER

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WONDU BP, 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:

ELIZABETH T. GIZAW
Name of Person

WONDU BP INC LLC
Firm/Company

502 West JEFFERSON St
Address

QUINCY FL 32351
City/State and Zip Code

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

For further information concerning this matter, please call:

ELIZABETH GIZAW at (850) 339-5436
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

18 JUL - 8 PM 8: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WON DU BP 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:

Mailing Address:

502 West Jefferson
SE QUINCY FL
32351

502 West Jefferson St
Quincy Fl 32351

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:

ELIZABETH GIZAW
Name

850 CAPITAL WALK APT
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32303
City, State, and Zip

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19 JUL -8 PM 8:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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..

Elizabeth Gizaw
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:

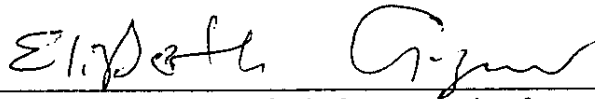
MGRM

ELIZABETH GERAW
1143 W. ORANGE AVE
TALLAHASSEE FL 32310

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 07/10/13 (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.)

ELIZABETH GERAW

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)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUL - 8 PM 8:09

FILED