

L17000167576

(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



900251412939

09/20/13--01015--023 \*\*125.00

FILED  
SEP 20 2013  
FBI - MEMPHIS  
12:00 PM  
12:00 PM  
12:00 PM

L17-52610



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 23, 2013

MICHEL STARNES  
1176 46TH ST NE  
LARIMORE, ND 58251

SUBJECT: WONDER WORKERS LLC  
Ref. Number: W13000052680

We have received your document for WONDER WORKERS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 213A00022276

**WONDER WORKERS, LLC**

3223 Rowena St Sarasota, Fl 34231

December 2, 2013

ATTN: Justin Shriver

✱ 850-245-6030 fax

RE: RELEASING NAME

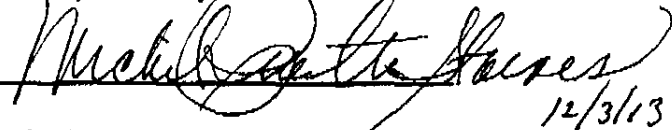
Mr. Shriver,

Enclosed is a copy of my application for **Wonder Workers, LLC**. I had enclosed a check (#2499 = \$125.00)— which has cleared my account with original paperwork.

I am the owner of Wonder Workers Inc and I am releasing the name so I can activate the LLC.

Any questions, please call me at 941-400-7208

Thank you for your attention to this matter.

x   
12/3/13

Michel Perretta Starnes

RECEIVED  
12 DEC -2 PM 4:03  
U.S. CUSTOMS & BORDER PROTECTION  
PORT OF SANTIAGO

(850) 245-6051.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Wonder Workers

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:

Michel P Starnes

Name of Person

Wonder Workers LLC

Firm/Company

~~3223 Rowena St~~

1176 46<sup>TH</sup> ST NE.

Address

~~Sarasota, FL 34231~~

LARIMORE, ND 58251

City/State and Zip Code

michelperretta@yahoo.com

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

For further information concerning this matter, please call:

Michel P Starnes

Name of Person

at ( 941 ) 400-7208

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Wonder Workers, 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:

Wonder Workers, LLC

3223 Rowena St

Sarasota, FL 34231

### Mailing Address:

Wonder Workers, LLC

1176 46th ST N.E  
LARIMORE, ND 58251

## 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:

Michel P Starnes

Name

3223 Rowena St

Florida street address (P.O. Box **NOT** acceptable)

Sarasota

FL

City, 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.*

Michel P Starnes  
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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

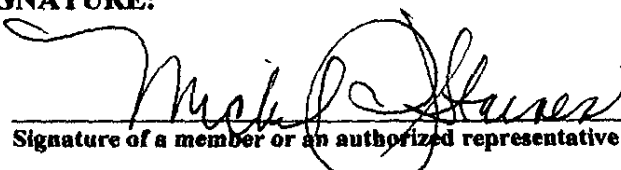
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (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.)

Michel P Starnes

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)**