

L14000024711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

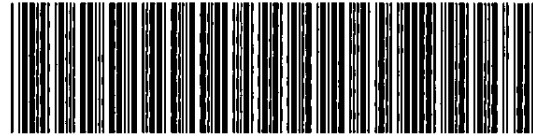
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 FEB 10 PM 2 39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012/11

Rex L. Wilkinson  
1034 Hamilton Ave.  
Tarpon Springs, Fl. 34689  
(727) 944-4445

2/11/14

To The Registration Section, Div. of Corp.

Please find attached my application for a new LLC. Should you have any questions please contact me, Rex Wilkinson of 1034 Hamilton Ave. Tarpon Springs, Fl. 34689 at (727) 944-4445.

Sincerely,



Rex Wilkinson

FILED  
14 FEB 10 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cinco Sales & Service LLC  
Name of Limited Liability Company

FILED  
14 FEB 10 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rex L. Wilkinson  
Name of Person

Cinco Sales & Service LLC  
Firm/Company

1034 Hamilton Ave  
Address

Tarpon Springs, Fl. 34689  
City/State and Zip Code

jwilkin450@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rex L. Wilkinson at ( 727 ) 944-4445  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cinco Sales & Service 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:

1034 Hamilton Ave
Tarpon Springs, Fl. 34689

1034 Hamilton Ave
Tarpon Springs, Fl. 34689

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:

Jean Wilkinson
Name

36750 U.S. 19 N. #2939
Florida street address (P.O. Box NOT acceptable)

Palm Harbor FL 34684
City 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 605, F.S..

Jean Wilkinson
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
14 FEB 19 9 23 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Rex L. Wilkinson  
1034 Hamilton Ave  
Tarpon Springs, Fl. 34689

AMBR

Tina Wilkinson  
1034 Hamilton Ave  
Tarpon Springs, Fl. 34689

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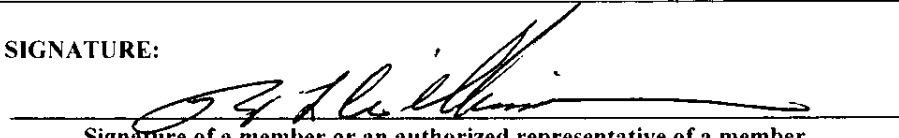
(Use attachment if necessary)

**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.)**

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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.)

Rex L. Wilkinson  
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)

FILED  
17 FEB 10 11 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA