

L1400072810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

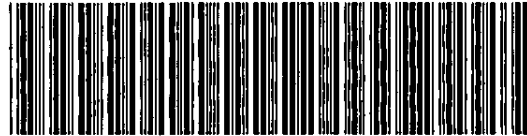
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-64624, name not Ad.1

Office Use Only



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10/22/14--01015--005 **125.00

EFFECTIVE DATE 01-01-15

FILED

2014 NOV - 5 P 12: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV - 6 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WRAC BUSINESS SERVICES, 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:

DORITA ESTES

Name of Person

WRAC BUSINESS SERVICES, LLC

Firm/Company

946 N. BENEVA RD

Address

SARASOTA, FL 34232

City/State and Zip Code

WRAC@aol.com

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

For further information concerning this matter, please call:

DORITA ESTES

Name of Person

at (941)

Area Code

928-1939

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WRAC ~~BENEFIT~~ SERVICES 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:

946 N. BENEVA RD
SARASOTA, FL 34232

Mailing Address:

946 N. BENEVA RD
SARASOTA, FL 34232

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:

DORITA ESTES

Name

946 N. BENEVA RD

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

SARASOTA

City

FL 34232

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..

Dorita Estes

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

MGR

Name and Address:

DORITA ESTES
946 N. BENEVA RD
SARASOTA, FL 34232

WALTER ESTES
946 N. BENEVA RD
SARASOTA, FL 34232

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/1/2015 (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:

Dorita Estes

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.)

DORITA ESTES

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)

2014 NOV -5 P 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2014

DORITA ESTES
946 N. BENEVA ROAD
SARASOTA, FL 34232

SUBJECT: WRAC BUSINESS SERVICES, LLC
Ref. Number: W14000064624

We have received your document for WRAC BUSINESS SERVICES, 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.

The document number of the name conflict is P94000083576.

Please return 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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 814A00022791

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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