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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL.
(Bu	siness Entity Nar	me)
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: Wynn Owle Services, LLC Name of Lin	mited Liability Company
The en	closed Articles of Organization and fee(s) a	are submitted for filing.
Please	return all correspondence concerning this m	natter to the following:
	Wynn Owle, Jr.	Name of Person
		Firm/Company
	2445 58th Ave SW	Address
		Address
	Vero Beach FL 32968	City/State and Zip Code
m.	rwyndall@aol.com E-mail address: (to be usu	ed for future annual report notification)
For fur	ther information concerning this matter, ple	ease call:
<u>Wynn</u>	Owle, Jr. at (772) 473-9944 Area Code Daytime Telephone Number
		Area Code Daytime Telephone Number
	ed is a check for the following amount: 00 Filing Fee Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee Certified Copy (additional copy is enclosed) 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:				
The name of the Elimited Elability Company is.				
Wynn Owle Services, LLC				
(Must end with the words "I	Limited Liability Company, "L.L.C.,"	or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability C	Company is:		
Principal Office Address:	Mailing Address:			
2445 58th Ave SW	2445 58th Ave SW			
Vero Beach FL 32968	Vero Beach FL 32968			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida reg	its own Registered Agent. You must o		dual or	
The name and the Florida street address of the reg	gistered agent are:			
Wynn Owle, Jr.				
	Name	•		
2445 58th Ave SW Florida street address (P	.O. Box NOT acceptable)	-		
Vero Beach	FL 32968			
City	Zip			
Having been named as registered agent and to ac the place designated in this certificate, I hereb capacity. I further agree to comply with the pro of my duties, and I am familiar with and accep	y accept the appointment as registered visions of all statutes relating to the pr	l agent and agree to oper and complete	o act in th performa	his ance
Registered Agent'	S. Signature (REQUIRED)	SECKETA SEC	15 MAR - 4	protection of the second
(COI	NTINUED)			
P	age I of 2		<i>√</i> 5	

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Member	**************************************
'MGR" = Manager	
AMBR	Wynn Owle, Jr.
	2445 58th Ave SW
	Vero Beach FL 32968
	
EV: Effective date, if other than t ctive date is listed, the date mus	ne date of filing: <u>Date of filing</u> . (OPTIONAL) be specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than t ctive date is listed, the date mus f filing.)	ne date of filing: <u>Date of filing</u> . (OPTIONAL) be specific and cannot be more than five business days prior to or 9
(Use attachment if necessary) E V: Effective date, if other than tective date is listed, the date mus of filing.) E VI: Other provisions, if any.	ne date of filing: <u>Date of filing</u> . (OPTIONAL) be specific and cannot be more than five business days prior to or 9
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