

L15000120805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

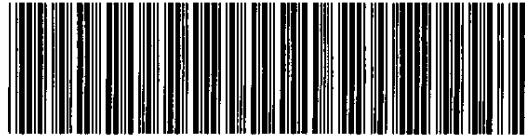
(Business Entry Name)

(Document Number)

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

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15 JUL 13 PM 5:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 20 2015  
W PAINTER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Wade Lashells 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:

Wade Lashells  
Name of Person

Wade Lashells LLC  
Firm/Company

4532 Emerald Vista Apt 285  
Address

Lake Worth, FL 33461  
City/State and Zip Code

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

For further information concerning this matter, please call:

Wade Lashells at ( 561 ) 291-1465  
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 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:

Wade Lashells 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:

4532 Emerald Vis Apt 285  
Lake Worth, FL 33461

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:

Wade Lashells

Name

4532 Emerald Vis Apt 285

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

Lake worth FL 33461

City

State

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.,

Wade Lashells

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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