

L15000/157754

(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



500277183735

09/18/15--01001--029 **345.00

RECEIVED
SEP 18 2015

15 SEP 18 AM 11:15

TO: JEFFREY J. GILBERT
SUFFICIENT TO FILE

FILED

15 SEP 18 PM 11:20

NOTED BY STATE
FALLS CHIEF, FLORIDA

SEP 18 2015

S. GILBERT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOS Wholesale CO., 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:

Bobby J. Wilkes
Name of Person

SOS Wholesale CO., LLC
Firm/Company

7800 Point Meadows Dr #1211
Address

JACKSONVILLE FL 32256
City/State and Zip Code

bjwilkes7@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bobby J. Wilkes at (904) 536-4764
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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing 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:

SOS Wholesale CO. LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

15 SEP 18 PM 11:20

CLERK OF THE STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

#

1211

Mailing Address:

7800 Point Meadows Dr
Jacksonville, FL 32255

SAME

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:

Bobby J. Wilkes

Name

7800 Point Meadow Dr #1211

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

JACKSONVILLE FL 32255

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.

Bobby J. Wilkes

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Bobby J. Wilkes CEO

Name and Address:

7800 Point Meadows Dr #1211
JACKSONVILLE FL 32255

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any:

REQUIRED SIGNATURE:

Bobby J. Wilkes

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Bobby J. Wilkes

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)