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| (Re | equestor's Name) | |
|-------------------------|--------------------|--|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Cir | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | <u>. </u> |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations |
|-----------------|--|
| CUDIE | WIGGINS GENERAL REPAIRS, LLC |
| SUBJE | Name of Limited Liability Company |
| The end | losed Articles of Organization and fee(s) are submitted for filing. |
| Please 1 | eturn all correspondence concerning this matter to the following: |
| | JEROME WIGGINS |
| | Name of Person |
| | |
| | Firm/Company |
| | P.O. Box 10206 |
| | Address |
| | Daytona Beach, FL 32120 |
| | City/State and Zip Code |
| | jeromewiggins63@gmail.com E-mail address: (to be used for future annual report notification) |
| For fireth | er information concerning this matter, please call: |
| roi iurii | Jerome Wiggins 386 453-7303 |
| | Name of Person Area Code Daytime Telephone Number |
| Enclose | d is a check for the following amount: |
| \$ 125.0 | Filing Fee \$\ \times \text{\$130.00 Filing Fee & Certificate of Status} \text{\$\text{\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} |
| | Mailing Address Street Address |

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 23, 2015

JEROME WIGGINS P.O. BOX 10206 DAYTONA BEACH, FL 32120

SUBJECT: WIGGINS GENERAL REPAIRS, LLC

Ref. Number: W15000063290

We have received your document for WIGGINS GENERAL REPAIRS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of 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) 245-6052.

Letter Number: 315A00020068

Maryanne Dickey Regulatory Specialist II New Filing Section

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| .RTICLE I - Name: he name of the Limited Liabil | ity Company is: | | | |
|--|---|--|---|-----------|
| | | | | : |
| | WIGGINS GENERA | AL REPAIRS, | LLC | , |
| (Must end | with the words "Limited Lia | | W | f) |
| RTICLE II - Address: | | | | r) - |
| | address of the principal office | e of the Limited | Liability Company is: | ے سب م |
| Princi | pal Office Address: | | Mailing Address: | |
| * | par Office Address. | | | = , |
| 370 N | Nova Rd Unit B-06T | | P.O. Box 10206 | |
| | | | | |
| Dayton RTICLE III - Registered A The Limited Liability Compan | gent, Registered Office, & Fly cannot serve as its own Reg | | Daytona Beach, FL 32120 | or |
| Dayton | gent, Registered Office, & Formula Registered Office, & Formula Registration.) t address of the registered age | gistered Agent. | Daytona Beach, FL 32120 nt's Signature: You must designate an individual | or |
| Dayton: RTICLE III - Registered Aprile Companiother business entity with an | gent, Registered Office, & For active Florida registered age. It address of the registered age. | gistered Agent. ent are: erome Wiggins | Daytona Beach, FL 32120 nt's Signature: You must designate an individual | or |
| Dayton: RTICLE III - Registered April Companion of the business entity with an | gent, Registered Office, & For active Florida registered age. It address of the registered age. | gistered Agent. | Daytona Beach, FL 32120 nt's Signature: You must designate an individual | or |
| Dayton: RTICLE III - Registered Aprile Limited Liability Companiother business entity with an | gent, Registered Office, & For each of the registered age. It address of the registered age. | gistered Agent. ent are: erome Wiggins | Daytona Beach, FL 32120 nt's Signature: You must designate an individual | or |
| Dayton: RTICLE III - Registered April Companion of the business entity with an | gent, Registered Office, & For each of the registered age. It address of the registered age. | gistered Agent. ent are: erome Wiggins ame 120 4th St | Daytona Beach, FL 32120 nt's Signature: You must designate an individual | or |
| Dayton: RTICLE III - Registered April Companion of the business entity with an | gent, Registered Office, & Formula active Florida registration.) t address of the registered age No | gistered Agent. ent are: erome Wiggins ame 120 4th St | Daytona Beach, FL 32120 nt's Signature: You must designate an individual | or |

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

| Title: | Name and Address: |
|---|---|
| "AMBR" = Authorized Member | - ' ' , , |
| "MGR" = Manager | <u>؟</u> مع |
| AMBR | Jerome Wiggins |
| | 120 4th Street |
| | Holly Hill FL 32117 |
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| EV: Effective date, if other than the ective date is listed, the date must lof filing.) | e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or |
| fective date is listed, the date must lead of filing.) If the date inserted in this block does ument's effective date on the Department. | be specific and cannot be more than five business days prior to or not meet the applicable statutory filing requirements, this date will r |
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