

L15000189469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

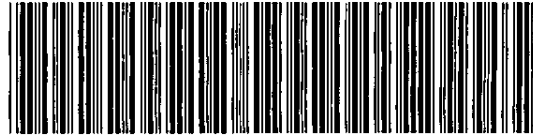
(Business Entity Name)

(Document Number)

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

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15 NOV - 4 PM 4:31

CLERK OF STATE  
TALLAHASSEE, FLORIDA

11/10/15

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE WRIGHT HELP  
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:

RONNIE WRIGHT

Name of Person

THE WRIGHT HELP

Firm/Company

P.O. Box 310993

Address

Tampa, Florida 33680

City/State and Zip Code

WRIGHT 1964 RONNIE 19@gmail-com

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

For further information concerning this matter, please call:

CAVANINA Wright (813) 727 9332

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 NOV - 4 PM 4: 31

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 21, 2015

RONNIE WRIGHT  
POST OFFICE BOX 310993  
TAMPA, FL 33680

SUBJECT: THE WRIGHT HELP (LLC)  
Ref. Number: W15000058633

FILED  
15 NOV -4 PM 4:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for THE WRIGHT HELP (LLC) and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 915A00022308



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

15 OCT 15 AM 9:46

September 3, 2015

RONNIE WRIGHT  
POST OFFICE BOX 310993  
TAMPA, FL 33680

SUBJECT: THE WRIGHT HELP (LLC)  
Ref. Number: W15000058633

We have received your document for THE WRIGHT HELP (LLC) and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

A post office box is not an acceptable address for the registered agent.

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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 715A00018731

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15 NOV - 4 PM 4:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

FILED

15 NOV -4 PM 4: 31

SECRETARY OF 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:

8407 RIO BRAVO CT #7  
TAMPA, FLA 33617

Mailing Address:

8407 RIO BRAVO CT. APT 7  
TAMPA, FLA. 33617

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:

RONNIE WRIGHT  
Name

8407 RIO BRAVO CT. APT 7  
Florida street address (P.O. Box **NOT** acceptable)  
TAMPA, FLA 33617  
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..

R. Wright  
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

MGR

**Name and Address:**

CAVANNA WRIGHT  
8407 RIO BRAVO CT APT 7  
TAMPA, FLA 336

(Use attachment if necessary)

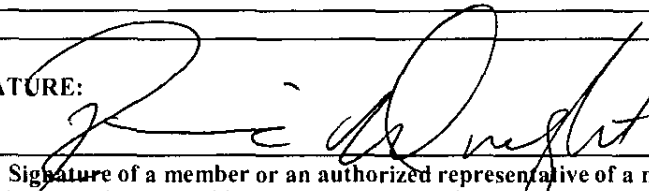
**ARTICLE V:** Effective date, if other than the date of filing: 27 AUGUST 2015 (OPTIONAL)

(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.)

**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:**



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.

RONNIE WRIGHT

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)

Page 2 of 2

READY PAID: CHECK # 1129

AMOUNT \$160.00

PAID ON 27 AUG 2015

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15 NOV - 4 PM 4:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA