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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



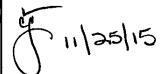
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SECHETARY (F-STATE



COVER LETTER

10: Registration Section Division of Corporations
SUBJECT: EJ Wholesale LLC
SUBJECT: E S Whole Sale 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:
Edward J. Grav
Edward J. Gray Name of Person
EJ wholesale LLC Firm/Company
Firm/Company
363 S. McMullen Booth Rd #107
Address
Clearwater F1 33759
City/State and Zin Code
Clearwater, FL 33759 City/State and Zip Code Texased 34@ yahoo.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Edward J. Gray at (727) 489-8383 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Malling Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building Tallahassee, FL 32314

15 NOV 12 FH 3. 32

EFFECTIVE DATE DIOI 110

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICLES OF ORGANIZATION FOR FLORIDAT	AMITED LIABILITY COMPANY
ARTICLE I - Name:	FILED
The name of the Limited Liability Company is:	
	15 NOV 12 PH 3.32
EJ Wholesale LLC	
(Must end with the words "Limited Liability (Company, "L.L.C.," or "LLC.")
	The state of the s
ARTICLE II - Address:	****
The mailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address:
363 S. Mc Mullen Booth Rd #107	# 107 Cleanwater, FL 33759
Clearwater, FL 33759	clearwater, FL 33759
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	red Agent's Signature:
The name and the Florida street address of the registered agent are:	
Folia I I G	-0

Name

363 S. McMullen Booth Rd #107

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

Clearwater, FL 33759

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Men "MGR" = Manager	Name and Address: ber
MGR	Edward J. Gray 363 S. Mc Muller Booth Rd *107 Clegrwater, FL 33759
· · · · · · · · · · · · · · · · · · ·	
•	
f filing.) the date inserted in this block	nan the date of filing: <u>January 1, 2016</u> . (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 or does not meet the applicable statutory filing requirements, this date will not department of State's records.
EV: Effective date, if other the ctive date is listed, the date of filing.) the date inserted in this block ment's effective date on the E	nan the date of filing: <u>January 1, 2016</u> . (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 or does not meet the applicable statutory filing requirements, this date will not be partment of State's records.
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EV: Effective date, if other to ctive date is listed, the date filling.) the date inserted in this block nent's effective date on the EEVI: Other provisions, if any REOUIRED SIGNATURE Signat This docume I am aware the cities of the council of th	man the date of filing: January 1, 2016 (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 of does not meet the applicable statutory filing requirements, this date will not department of State's records. Lower of a member or an authorized representative of a member. In is executed in accordance with section 605.0203 (1) (b), Florida Statutes. Internal properties of the properties of t

Page 2 of 2

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