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JAN 2016 S. GILBERT

# BRETT L. SWIGERT, P.A.

ATTORNEY AT LAW POST OFFICE BOX 680 EUSTIS, FLORIDA 32727-0680

10935 SE 177<sup>TH</sup> PLACE, SUITE 205 SUMMERFIELD, FLORIDA 34491 TEL: (352) 347-0033 FAX: (352) 347-1464 1231 N. COUNTY ROAD 452 EUSTIS, FLORIDA 32726 TEL: (352) 357-0770 FAX: (352) 357-0818

January 5, 2016

Department of State Division of Corporations New Filings Section Attn: Sylvia Gilbert, Regulatory Specialist II P.O. Box 6327 Tallahassee, FL 32314

Re: The Wiseman Family, LLC

Your Ref. Number: W15000081575 Your Letter Number: 715A00026655

Dear Ms. Gilbert

In response to your letter dated December 23, 2015, I have enclosed the amended Articles of Organization, along with a copy thereof. I have also enclosed a copy of your letter dated December 23, 2015, for your reference.

Please file the enclosed Articles and send the proof of filing to my post office box address shown in the letterhead above.

Thank you for your continued assistance with this matter.

Yours very truly,

Brett L. Swigert

BLS/ar

Enclosures



# FLORIDA DEPARTMENT OF STATE Division of Corporations

December 23, 2015

BRETT L. SWIGERT P.O. BOX 680 EUSTIS, FL 32727-0680

SUBJECT: THE WISEMAN FAMILY, LLC

Ref. Number: W15000081575

16 JAN - 8 PH 12: 48

We have received your document for THE WISEMAN FAMILY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 715A00026655

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### THE WISEMAN FAMILY, LLC

# ARTICLE I - NAME

The name of the corporation is: The Wiseman Family, LLC.

## ARTICLE II - ADDRESS

The mailing address and street address of the principal office 💘 Limited Liability Company is: 1416 Carrillo Street, The Villages, FL 32162

# ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Brett L. Swigert 1231 N. County Road 452 Eustis, FL 32726

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.

### ARTICLE IV

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

<u>Title:</u> "AMBR" - Authorized Member "MGR" - Manager	Name and Address:
AMBR	Floyd L. Wiseman 1416 Carrillo St. The Villages, FL 32162
AMBR	Jane C. Wiseman 1416 Carrillo St. The Villages, FL 32162
AMBR	Karen W. Roberts 656 Shadowridge Dr. Wildwood, MO 63011
AMBR	Linda Wiseman Jones 1517 Stoner Valley Hermitage, TN 37076
AMBR	Sandra Smith 437 Wm. Brown Rd. Russellville, KY 42276

# ARTICLE IV

Effective date, if other than the date of filing (options (If an effective date is listed, the date must be specific and cannot be mothan 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 statute filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
ARTICLE IV
Other provisions, if any:
REQUIRED SIGNATURE:  Thy of Member
Signature of 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.)
Floyd L. Wiseman Typed or printed name of signee