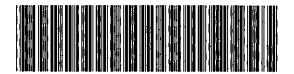
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
RECEIVED MAY 1 6 RECT





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SECRETARY OF STATE
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16 JUN 10 PH 12: 51

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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 23, 2016

STEVE TOLTON 111 GREENBRIAR RD. LANSDALE, PA 19446

SUBJECT: 7 WONDERS CO. LLC Ref. Number: W16000037386

16 JUN 10 PH 12: 51

We have received your document for 7 WONDERS CO. 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):

The name of the entity cannot include "CO." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return 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.

Matthew T Moon Regulatory Specialist II

Letter Number: 416A00010882

16 JUN 10 AN IO OE

www.sunbiz.org

7 0 7 0 1 0 0 0 m 11 :

RECEIVED

COVER LETTER

	Registration Section Division of Corporations			
SUBJEC'	T: 7 WONDERS CO.	LLC		
SUBJEC		nited Liability Company		
The enclo	sed Articles of Organization and fee(s) ar	e submitted for filing.		
Please ret	urn all correspondence concerning this ma	atter to the following:		
	STEVE TO	LTON		
		Name of Person	16 JUN	SECRE I
·		Firm/Company	0	
	111 GREENBUL	n RO.	PH 121	र्गेड्स मृश्य
	111 GREENBUL	Address	<u>5</u>	NATE NATE
	Lansoque, PA.	19446		Þ
	TWONDERS @ co.			
For further	information concerning this matter, please	e call:		
		715, 262-3865 rea Code Daytime Telephone Number		
Enclosed:	is a check for the following amount:			
£125.00 F	Filing Fee \$\frac{130.00 \text{ Filing Fee & Certificate of Status}}{\text{Certificate of Status}}	(additional copy is enclosed) Certified C	of Status &	l)
	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:

7 WONDERS LLC			
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of	the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
LANSDALL PA. 19446	111 GREENBRISH RD.		
<u>CAN SUFCE</u> 14. (1416)			
ARTICLE III - Registered Agent, Registered Office, & Regist(The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)			
The name and the Florida street address of the registered agent a		=	Fo
JOE STU Name	4HEC		ECRE I
7332 PINET	(000) 02.	0	
Florida street address (P.O. E	Box NOT acceptable)		

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> Citle:</u>	Name and Address:	
AMBR" = Authorized Member MGR" = Manager		
AMBR	STEVE TOUTON	/
	III GREEN BRIAN R	<u>, , , , , , , , , , , , , , , , , , , </u>
		
	44	

Use attachment if necessary)		
A V. INTECTIVE TRIES IT OTHER WAIT THE TRIES OF I		
ctive date is listed, the date must be specifi f filing.)	filing: (OPTION and cannot be more than five business days prior the applicable statutory filing requirements, this date State's records.	to or 90
ctive date is listed, the date must be specifications.) The date inserted in this block does not meet the date inserted in the Department of Start CVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a memb This document is executed if a maware that any false information.	the applicable statutory filing requirements, this date state's records. The or an authorized representative of a member in accordance with section 605.0203 (1) (b), Florida formation submitted in a document to the Department.	e will not
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