

216000184958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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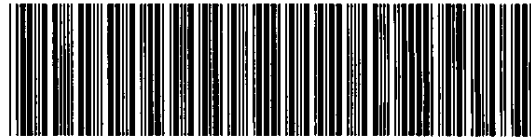
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 SEP 29 PM 5:44



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 14, 2016

CHARLES FITZGERALD WILSON  
11626 MARSH ELDER DRIVE  
JACKSONVILLE, FL 32226

SUBJECT: WILSON INDUSTRIES, LLC  
Ref. Number: W16000063498

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 SEP 29 PM 5:44

We have received your document for WILSON INDUSTRIES, 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):

The document must be signed by a member or an authorized representative of a member.

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: 716A00019601

RECEIVED  
16 SEP 29 PM 2:00  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WILSON INDUSTRIES 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:

CHARLES FITZGERALD WILSON  
Name of Person

WILSON INDUSTRIES LLC  
Firm/Company

11626 MARSH ELDER DRIVE  
Address

JACKSONVILLE, FL 32226  
City/State and Zip Code

wilson.ind246@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles F. Wilson at ( 904 ) 710-5216  
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

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RECEIVED  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WILSON INDUSTRIES, LLC

(Must end with the words "Limited Liability 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:

11626 MARSH ELDER DR  
JACKSONVILLE, FL 32226

Mailing Address:

← SAME

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:

Charles Fitzgerald Wilson → CEO / Founder <sup>President</sup>  
Name

11626 Marsh Elder Dr.

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

JACKSONVILLE, FL 32226

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..*

Charles Fitzgerald Wilson  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SEP 29 2016

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR Sophia Wilson  
Vice President

AMBR Shontrell Anderson  
Director

11626 Marsh Elder Dr.  
JACKSONVILLE, FLORIDA 32224

9745 Touchton Road  
Unit 2029  
JACKSONVILLE, FLORIDA 32246

(Use attachment if necessary)

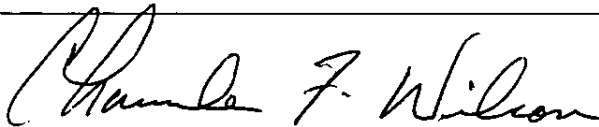
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

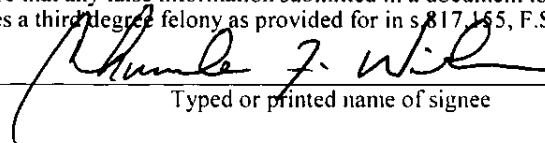
**ARTICLE VI:** Other provisions, if any.

**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. 817.165, F.S.

 Charles F. Wilson  
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)