## 118000028021

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE

SHOW ANASSEE FLORIDA

## COVER LETTER

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TO: New Filing Section Division of Corporations		
SUBJECT: Wiggins JaniToual Name of Limited	Services, LLC,	
The enclosed Articles of Organization and fee(s) are sub-	omitted for filing.	
Please return all correspondence concerning this matter	to the following:	
$\overline{}$	•	
Kaynette M. W	1 (1 (1) S and of Person	
Wiggins Janiton	int/Company	
_ 850 Canton Circ	1e # 34	
Tallahassee, Fla City/s WIGAMS JOW 1777 U.C. Sex E-mail address: (to be used for	peida 32301	
Citys	State and Zip Code	
E-mail address: (to be used for	future annual report notification)	
	·	
For further information concerning this matter, please cal		
Raynette Wiggins at ( 8 & Area C	50 ) 553 1979 Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (dditional copy is enclosed)  \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address	Street Address	
New Filing Section	New Filing Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	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:			
(Must contain 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: Mailing Address:			
850 Canton Circle Samu			
Talloriassee, Florida 32301			
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:			
Raynette M. Wiggins			
SEN Canton Circle # 34			
Florida street address (P.O. 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..

(CONTINUED)

Hayutti M. Wicceus)
Registered Agent's Signature (REQUIRED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager · MGR AMBR らつ じなれ でのノイ (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.817.155, F.S. EHE M. 101991115
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)