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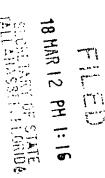
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COVER LETTER

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	lew Filing Section Division of Corporations				
SUBJEC"	Wild Bill's Investments, LLC				
SUBJEC	Name of I	Limited Liabili	ty Company		
The enclo	sed Articles of Organization and fee(s)	are submitted	for filing.		
Please ret	urn all correspondence concerning this	matter to the fo	ollowing:		
	William Barber				
		Name of	Person		
	Wild Bill's Investments, LLC				
	Firm/Company				
	59 West Avenue				
	Address				
	St. Augustine, Florida 32084				
	wildbills5@yahoo.com	City/State and	d Zip Code		
	E-mail address: (to be us	sed for future a	nnual report notification)		
For further	information concerning this matter, ple	ase call:			
	William Barber	904	669-6194		
	Name of Person	Area Code	Daytime Telephone Number		
Enclosed	is a check for the following amount:				
\$125.00 1	Filing Fee \$130.00 Filing Fee & Certificate of Status	└─ Certifi	0 Filing Fee & \$\ \text{Certificate of Status & Certified Copy} \\ \text{al copy is enclosed} \text{Certified Copy} \\ \text{(additional copy is enclosed)} \end{array}		
	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

Wild Bill's Investm	ents IIC			
	ntain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal o	office of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
59 West Avenue		59 V	59 West Avenue	
St. Augustine, Flor	ida 32084	St. A	Augustine, Florida 32084	
				
(The Limited Liability Comparanother business entity with an The name and the Florida street	active Florida registration	on.)	Y Ou must designate an indivi	HAR 12 PH 1:1
	Florida street address (P.O. Bo		cceptable)	言語
	St. Augustine	Florida	32084	(Yes
	City	State	Zip	
Having been named as registere place designated in this certifica further agree to comply with the am familiar with and accept the	te, I hereby accept the app provisions of all statutes r obligations of my position	ointment as register elating to the proper	ed agent and agree to act in the and complete performance of as provided for in Chapter 60	his capacity. I f my duties, and I

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	William Barber
	59 West Avenue
	St. Augustine, Florida 32084
(Use attachment if necessary)	
(If an effective date is listed, the date muthe date of filing.)	the date of filing: <u>March (o, 2018</u> . (OPTIONAL) as the specific and cannot be more than five business days prior to or 90 days after ones not meet the applicable statutory filing requirements, this date will not be listed a partment of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	IL Desporto BET
This document I am aware that	e of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.
William	Barber Ord
	Typed or printed name of signee

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)