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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

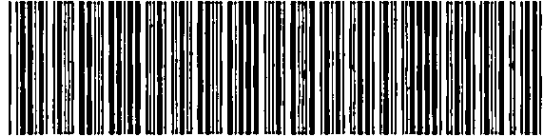
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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18 APR 12 PM 5:07

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D O'KEEFE

APR 16 2018



W18-29668



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2018

WESLEY WILSON
1457 DETROIT STREET
JACKSONVILLE, FL 32254

SUBJECT: WESLEY WILSON PAINTING AND DRYWALL LLC
Ref. Number: W18000029668

We have received your document for WESLEY WILSON PAINTING AND DRYWALL 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):

Please complete the enclosed application and return. An operating agreement is not acceptable.

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 518A00006183

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TALLAHASSEE, FL

0A

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Wesley Wilson Painting and Dry Wall
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:

Wesley Wilson
Name of Person

Wesley Wilson Painting and Dry Wall
Firm/Company

1457 Detroit St.
Address

Jacksonville, Florida, 32254
City/State and Zip Code

Wesley Wilson Painting and Dry Wall@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wesley Wilson at (904) 438-9345
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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18 APR 12 PM 5:03
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wesley Wilson Painting and Dry Wall L.L.C.
(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:

1457 Detroit St.
Tax: FL 32254

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:

Wesley Wilson
Name

1457 Detroit St.
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32254
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..

Wesley Wilson
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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10 APR 12 PM 5:02
TALLAHASSEE, FL

20

ARTICLE IV:

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Pres. & Sec.

Treasury

Name and Address:

Wesley Wilson

1457 Detroit St.

Jax, FL 32254

Heather Silcox

1457 Detroit St.

Jax, FL 32254

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4-12-18 (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:

Wesley Wilson

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.

Wesley 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)

FILED

18 APR 12 PM 5:08

FILED

