

L18000181505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

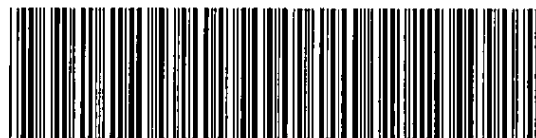
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700316199467

700316199467
07/27/18 --01004--021 **155.00

18 JUL 27 PM 12:32

FILED
18 JUL 27 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 30 2018
T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SHIRLEY WAGONER JOHNSON, LLC

Signature _____

Requested by: BA

7/27/18

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

174 Ponder's Printing • Thomasville, GA 31792

- ____ Art of Inc. File _____
- ____ LTD Partnership File _____
- ____ Foreign Corp. File _____
- ☒ L.C. File _____
- ____ Fictitious Name File _____
- ____ Trade/Service Mark _____
- ____ Merger File _____
- ____ Art. of Amend. File _____
- ____ RA Resignation _____
- ____ Dissolution / Withdrawal _____
- ____ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- ____ Photo Copy _____
- ____ Certificate of Good Standing _____
- ____ Certificate of Status _____
- ____ Certificate of Fictitious Name _____
- ____ Corp Record Search _____
- ____ Officer Search _____
- ____ Fictitious Search _____
- ____ Fictitious Owner Search _____
- ____ Vehicle Search _____
- ____ Driving Record _____
- ____ UCC 1 or 3 File _____
- ____ UCC 11 Search _____
- ____ UCC 11 Retrieval _____
- ____ Courier _____

**ARTICLES OF ORGANIZATION
OF
SHIRLEY WAGONER JOHNSON, LLC**

The undersigned executes these Articles of Organization of SHIRLEY WAGONER JOHNSON, LLC; to form a limited liability company pursuant to the Florida Revised Limited Liability Company Act.

ARTICLE I. NAME

The name of the limited liability company is: SHIRLEY WAGONER JOHNSON, LLC.

ARTICLE II. ADDRESS

The mailing and street address of the principal office of the limited liability company is 4320 Forest Hill Drive, Apt. 305, Fairfax, Virginia 22030.

ARTICLE III. REGISTERED AGENT AND OFFICE

The street address of the initial registered office of the limited liability company is 225 East Lemon Street, Suite 300, Lakeland, Florida 33801, and the name of the Company's initial registered agent at that address is David A. Miller.

Having been named to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment of 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.




David A. Miller

ARTICLE IV. MANAGEMENT OF COMPANY

The limited liability company is to be a manager-managed company. The initial Manager of the Company is Shirley Wagoner Johnson.

EXECUTED this 27 day of July, 2018.



David A. Miller, an authorized representative

FILED
18 JUL 27 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA