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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

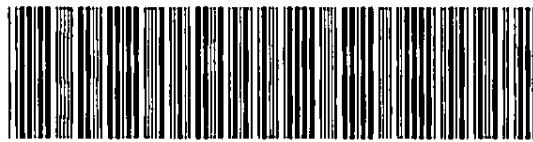
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FLORIDA
ATTORNEY GENERAL
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: WISDOM MANAGEMENT 1, 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:

Andrea C. D'Addario, Esq.

Name of Person

D'Addario Law, P.L.

Firm/Company

13860 Wellington Trace, Suite 38-213

Address

Wellington, FL 33414

City/State and Zip Code

ceo101266@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea C. D'Addario, Esq. 561 362-2366
at ()

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**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wisdom Management 1, LLC

(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:

5903 Channel Drive
Greenacres, FL 33463

Mailing Address:

5903 Channel Drive
Greenacres, FL 33463

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:

Christopher Obszarny

Name

5903 Channel Drive

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

Greenacres

FL

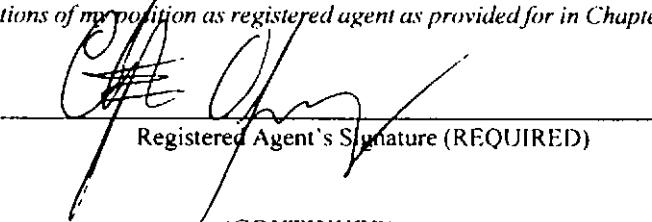
33463

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..


Christopher Obszarny
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FLORIDA
STATE
REGISTRATION
NUMBER
18 NOV 20 AM 3:36
TALLAHASSEE, FLORIDA

