

L19000170112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

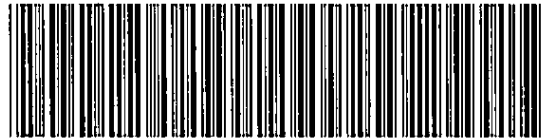
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400329842274

05/31/19--01006--006 **130.00

FILED
19 JUL 12 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

JUL 12 2019

COVER LETTER

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

SUBJECT: WLD & Associates 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:

Gail D BITEER
Name of Person

WLD & Associates
Firm/Company

1115 Briosette Beh
Address

Kaukawlin Mi 41863
City/State and Zip Code

GBITEER@FormAndFunctionBC.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gail BITEER at (989) 295-9659
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2019

GAIL BITZER
1115 BRISSETTE BCH
KAWKAWLIN, MI 48631

SUBJECT: WLD & ASSOCIATES LLC
Ref. Number: W19000055914

We have received your document for WLD & ASSOCIATES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the complete street address for the Registered Agent. List the complete address for the AMBR Julie.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 719A00011752

6/12/19
12:00 PM
GAIL BITZER

*Called on July 8th
Reviewed modification
w/ State
Gail Davidson Bitzer
(989) 295-9659*

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WLD & Associates 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:

Gail BITEER
115 Brissette Rd
Kaukaulin MI 48631

Mailing Address:

SAME

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:

~~John Davidson~~ Gail Davidson BITEER
Name
1806 Kingslake Blvd Unit #104
Florida street address (P.O. Box **NOT** acceptable)
Naples FLA 34112
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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

~~John Davidson~~ Gail BITEER
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
19 JUL 12 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

Name and Address:

Gail Bitzer

1115 Brissette Bch

Kawkaulin Mi 48629

Julie Davidson

6230 Huntington Dr

Ada Mi 49301

19 JUL 12 AM 11:31
FILED
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

FILED

(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:

Gail Bitzer

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.

Gail BITZER

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)