# 14000239321

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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N CULLIGANI

## COVERLETTER

TO: New Filing Section Division of Corporations
SUBJECT: Warren & Wiggins LL( Name of Limited Sability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Latorya and Jasmine Wiggins Name of Person
Warren & Wiggins LLC.
1170 Hawthorn Drive
Prosacola Florida 32507  City/State and Zip Code  Latorya Wing Ins 2@ Gmail. Com  E-mail address: (to be used for future addual report notification)
For further information concerning this matter, please call:
Latorya Wiggins at (850) 382-8772  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certified Copy (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



September 17, 2019

LATORA AND JASMINE WIGGINS 1170 HAWTHORN DRIVE PENSACOLA, FL 32507

SUBJECT: WARREN & WIGGINS LLC.

Ref. Number: W19000084198

We have received your document for WARREN & WIGGINS 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):

The effective date is not acceptable since it is not within five working days of the date of receipt.

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: 819A00019223

www.sunbiz.org

DIVINION OF DOMESTIC DESCRIPTIONS

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		•	
The name of the Limited Liability	y Company is:		
	Jarren & William the words "Limited Liability	iggins LLC.  by company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ldress of the principal office of	f the Limited Liability Company is:	
Principa	l Office Address:	Mailing Address:	
1170 Hau Densatoia	othorn Drive Fl 32507	Latory a and Jose 470 Hawthern Prosacola Pl 32	nine Wiggins Drive SOZ
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own Regist	istered Agent's Signature: ered Agent. You must designate an individ	lual or
The name and the Florida street a	address of the registered agent	are:	
	Latorya_	Iamaria Wiggins	2007 - 001 - 001 -
	Florida street address (P.O.	norn Drive  Box NOT acceptable)	
		Florida 32507 State Zip	E. FL.
place designated in this certificate, urther agree to comply with the pro	I hereby accept the appointment ovisions of all statutes relating ligations of my position as regineral.	rocess for the above stated limited liability int as registered agent and agree to act in the to the proper and complete performance of stered agent as provided for in Chapter 60: gent's Signature (REQUIRED)	is capacity. I my duties, and I

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
"MGR"	Latorya Tamaria Wiggins 1170 Hawthera Drive
"MGR"	Josmine Morie Wiggins 1170 Hawthorn Drive Pensacola F1 32507
(Use attachment if necessary)	
reffective date is listed, the date must be ate of filing.)	specific and cannot be more than five business days prior to or 90 days: ot meet the applicable statutory filing requirements, this date will not be fise ent of State's records.
ICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	tarua Illiooin
This document is exc I am aware that any fi	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State
constitutes a third dep	gree felony as provided for in s.817.155, F.S.

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)