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Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Account Number : I20170000097
Phone : (727)279-5037
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Email Address: Chetseely@gmail.com

FLORIDA LIMITED LIABILITY CO.
Wise Wicks LLC

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COVER LETTER

Wednesday, October 9, 2019

To: New Filing Section
Division of Corporation

Subject:
Wise Wicks 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:

Kalpesh J. Patel, Esq.
FL Patel Law PLLC
360 Central Avenue
8th Floor
St. Petersburg, Florida 33701
Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:

Kalpesh Patel at 727-279-5037 or e-mail at contact@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

**ARTICLES OF ORGANIZATION
FOR
WISE WICKS LLC
A
Florida Limited Liability Company**

**ARTICLE I
Name**

The name of the Limited Liability Company is: Wise Wicks LLC (the Company).

**ARTICLE II
Address**

The street address of the principal office of the Company is:

1219 Solana Road Ste 18
Naples, FL 34103

The mailing address of the Company is:

PO Box 111075
Naples, FL 34108

**ARTICLE III
Registered Agent, Registered office, & Registered Agent's Signature:**

The name and the Florida Street Address of the Registered Agent are:

FL Patel Law PLLC
360 Central Avenue, Suite 800
St. Petersburg, Florida 33701

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..

Ahlary Zella

(sign)

(CONTINUED)

ARTICLE IV:

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Larsen B Seely 1219 Solana Road Ste 18 Naples, FL 34103
<u>MGR</u>	Gilbert Fontanez 1219 Solana Road Ste 18 Naples, FL 34103

ARTICLE IV:

The Effective date shall be the date of filing.

Gilbert Fontanez (sign)

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.

Gilbert Fontanez

Authorized Representative/Member

2019 OCT 11 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FL