Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC Account Number : I20170000097 Phone : (727)279-5037

fax Number : (727)888-1294

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Chetseely@gmail.com

FLORIDA LIMITED LIABILITY CO.

Wise Wicks LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help



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

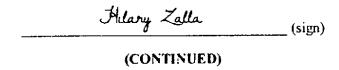
ARTICLE III

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..



Page 2 of 3

ARTICLE IV:

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

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