

LI9000278884

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000341395 3)))



H190003413953ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 07535000353
Phone : (800)221-2972
Fax Number : (718)889-7420

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
100 Wrenn Street LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Reg date: 11/21/2019

TX Result Report

P 1
11/21/2019 15:05
Serial No. AA6TD11003486
TC: 31090

Addressee	Start Time	Time	Prints	Result	Note
16178506381	11-21 15:04	00:00:44	003/003	OK	

Note TMR:Timer TX, PDL:Polling, ORG:Original Size Setting, FME:Frame Error TX,
OPS:Page Separation TX, MIX:Mixed Original TX, CAL:Manual TX, CSRC:CSAC,
FWD:Forward, BDC:Fax, BND:Double-Sided Binding Direction, SP:Special Original,
ECODE:Code, RTX:Re-TX, RV:Relay, MEX:confidential, SOL:Bulletin, SIP:SIP Fax,
IPADR:IP Address Fax, I-FA:Internet Fax

Result OK: Communication OK, S-OK: Stop Communication, PS-OFF: Power Switch OFF,
TEL: RX from TEL, NG: Other Error, Cont: Continue, No Ans: No Answer,
Refused: Receipt Refused, Busy: Busy, W-Full:Memory Full, LOVR:Receiving length Over,
COUR:Receiving page Over, FLE:File Error, DC:Decode Error, MDN:MDN Response Error,
DSN:DSN Response Error, PRINT:Compulsory Memory Document Print,
DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document send.

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request

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

100 Wrenn Street 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:

Mailing Address:

154 Fontaine Drive

Tavernier, FL 33070 - 2310

154 Fontaine Drive

Tavernier, FL 33070 - 2310

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:

Tommy Parker Wrenn

Name

154 Fontaine Drive

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

Tavernier

FL

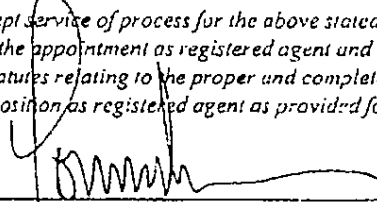
33070

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Tommy Parker Wrenn

154 Fontaine Drive

Tavernier, Florida 33070-2310

(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:

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.

Tommy Parker Wrenn

Typed or printed name of signer

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)