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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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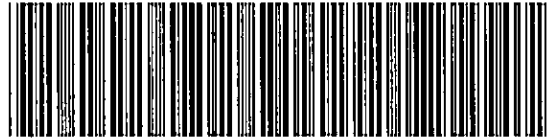
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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THE MOORE LAW FIRM, P.A.
ATTORNEYS AT LAW

JAMES E. MOORE
BRET A. MOORE
Of Counsel

(850) 678-1121

1400 30TH STREET ~ SUITE A
P. O. BOX 746
NICEVILLE, FL 32588

FAX (850) 678-8327

April 14, 2020

TO: Registration Section
Division of Corporations

SUBJECT: WING RENTALS, LLC

The enclosed Articles of Organization and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Bret A. Moore
The Moore Law Firm, P.A.
P.O. Box 746
Niceville, FL 32588

mamott1974@gmail.com

Email address for future annual report notification

For further information concerning this matter, please call:

Bret A. Moore at (850) 678-1121
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<u> </u> \$125.00	<u> </u> \$130.00	<u> </u> \$155.00	<u> X </u> \$160.00
Filing Fee	Filing Fee & Cert of Status	Filing Fee & Certified Copy (add copy encl.)	Filing Fee & Cert of Status & Certified Copy (add copy encl.)

WING RENTALS, LLC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

WING RENTALS, LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company are:

STREET ADDRESS:

WING RENTALS, LLC
607 Nelson Point Road
Niceville, FL 32578

MAILING ADDRESS:

WING RENTALS, LLC
607 Nelson Point Road
Niceville, FL 32578

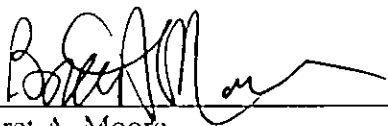
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Bret A. Moore, Esq.
1400 30th Street – Suite A
Niceville, FL 32578

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.

Dated this 14th day of April, 2020.


Bret A. Moore

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Article IV - Management

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

Title:

AMBR

Name and Address:

Karl J. Schnor
607 Nelson Point Road
Niceville, FL 32578

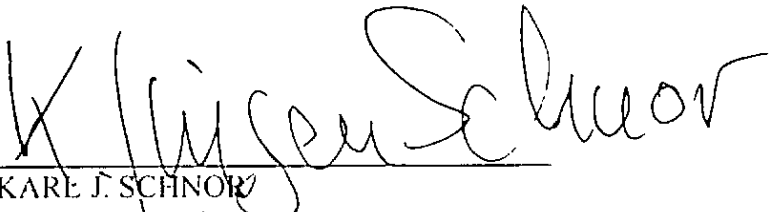
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ARTICLE V - Duration

This Limited Liability Company shall have a perpetual existence commencing on the filing of the Articles of Organization.

In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 section 817.155, Florida Statutes.

Dated this 14th day of April, 2020.


KARE J. SCHNOR
Managing Member