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*COVER LETTER A

	New Filing Sec Division of Cor		ı	•	* *
011D 100	S & V WE	SLEY LLC			
SUBJEC	T:	Name of Li	mited Liabil	ity Company	
The enclo	osed Articles of	Organization and fee(s) a	re submitted	for filing.	
Please ret	turn all correspo	ondence concerning this n	natter to the	following:	
	SYLVESTE	R G. WESLEY			
			Name of	Person	
	S & V WESI	LEY LLC			
•	·		Firm/Co	ompany	
	4508 NW 47	TH COURT			
			Addı	ess	
	TAMARAC	, FL 33319			
			City/State ar	nd Zip Code	
		y@comeast.net E-mail address: (to be use	d for future	annual report notificati	ion)
For further	information co	ncerning this matter, plea	se call:	·	
	Veronica We		954	822-3901	
	Nam			Daytime Telephon	e Number
Enclosed	is a check for the	ne following amount:			`
		□\$130.00 Filing Fee & Certificate of Status	Certif	5.00 Filing Fee & ied Copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assec, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	essee et, Suite 810

f the state of the

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

-	S & V WESLEY LLC (Must contain the words "Limited Liabi	lity Company "I I C " or "I I C ")
	(Mast conditi die words Ellinted Eldor	my Company, E.E.C., Of EEC.
	II - Address:	
he mailing	address and street address of the principal office	of the Limited Liability Company is:
	Principal Office Address:	Mailing Address:
<u> </u>	1508 NW 47TH COURT	4508 NW 47TH COURT
-	TAMARAC, FL 33319	TAMARAC, FL 33319
	III - Registered Agent, Registered Office, & Re	gistered Agent's Signature: stered Agent. You must designate an individu

4508 NW 47TH COURT

City

TAMARAC

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.

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

FL.

State

Registered Agent's Signature (REQUIRED)

33319

Zip

(CONTINUED)

ARTICLE IV-

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

"MGR" = Manager	
MGR	SYLVESTER G. WESLEY 4508 NW 47TH COURT TAMARAC. FL 33319
MGR	VERONICA S. WESLEY 4508 NW 47TH COURT TAMARAC, FL 33319
	TAMAKAC, FE 33317
	ن ٦
(Use attachment if necessary)	
E V: Effective date, if other than the dective date is listed, the date must be of filling.)	late of filing: 7/1/2020 (OPTIONAL) specific and cannot be more than five business days prior to or 90 d
ective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 do not meet the applicable statutory filing requirements, this date will not be ent of State's records.
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ective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department of t	especific and cannot be more than five business days prior to or 90 do not meet the applicable statutory filing requirements, this date will not be ent of State's records. AL ESTATE INVESTMENTS. member or an authorized representative of a member.
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etive date is listed, the date must be filing.) the date inserted in this block does not be determined in the Department's effective date on the Department's effective date of the Department	especific and cannot be more than five buse of meet the applicable statutory filing requirent of State's records. AL ESTATE INVESTMENTS. The member or an authorized representative ecuted in accordance with section 605.0203 also information submitted in a document to gree felony as provided for in s.817.155, F.S.

\$ 5.00 Certificate of Status (Optional)