

L210000895 65

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

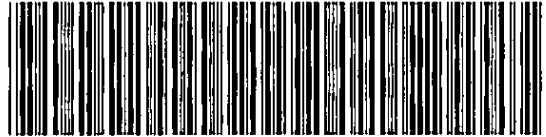
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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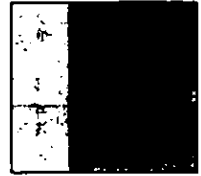
02/08/21--01036--009 **130.00

FILED
2021 FEB -8 AM 10:32
STATE
OF CALIFORNIA

3/3/21
SP



We Notarize Documents



02/04/2021

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear New Filing Section,

Please accept my submission of articles of organization and a check in the amount of \$ 130.00 for filing fees and a certificate of Status. Please mail to:

8587 SW 34th Place
Ocala, FL 34481

Thank you,
Wendy Hackett, Notary Public

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STATE
FLORIDA

Phone: 352-777-9347 Email: WNDFLNOTARY@GMAIL.COM



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WND FL NOTARY 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:

8587 SW 34TH PLACE
OCALA FL 34481

Mailing Address:

SAME

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:

REGISTERED AGENTS INC.

Name

7901 4TH ST N STE 300

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

ST. PETERSBURG

FL

33702

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..

Bill Hume

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

_____ AMBR

Name and Address:

_____ WENDY HACKETT
_____ 8507 SW 34th PLACE
_____ Ocala FL 34481

(Use attachment if necessary)

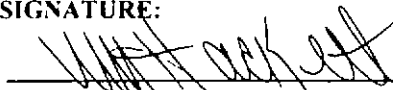
ARTICLE V: Effective date, if other than the date of filing: 03-01-2021 (OPTIONAL)

(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.

WENDY HACKETT

Typed or printed name of signee

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)

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FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: WND FL NOTARY 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:

WENDY HACKETT
Name of Person

WND FL NOTARY
Firm/Company

8587 SW 34th PLACE
Address

OCALA FL 34401
City/State and Zip Code

WNDFLNOTARY@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WENDY HACKETT at (352) 777-9347
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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