

L21000 113218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

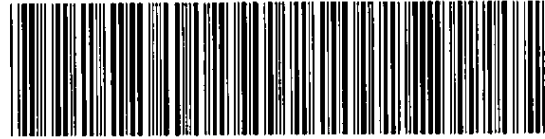
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



700362197427

SECRETARY OF STATE
TALLAHASSEE, FL

2021 MAR 18 PM 12:55

FILED

03/19/21--01002--007 **130.00



2021 MAR 18 PM 4:01

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. Wings Like Eagles, LLC
Name Document Number (if known)

x Walk in _____ Will wait

_____ Certified Copy

X Certificate of Status

NEW FILINGS

_____ Profit

_____ Not for Profit

X Limited Liability

_____ Domestication

_____ INC

_____ OTHER - Corp

AMENDMENTS

_____ Amendment

_____ Resignation of R. A. Officer/Director

_____ Change of Registered Agent

_____ Dissolution/Withdrawal

_____ Conversion

_____ Merger

OTHER FILINGS

_____ Annual Report

_____ Fictitious Name

_____ Statement of Authority

_____ APOSTIL () _____ Other

COUNTRY

REGISTRATION/QUALIFICATIONS

_____ Foreign Filing

_____ Limited Partnership

_____ Reinstatement

_____ Trademark

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Wings Like Eagles, 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:

Christina Y. Williams

Name of Person

JMC Multi Services, LLC

Firm/Company

2893 W Sunrise Boulevard

Address

Fort Lauderdale, FL 33311

City/State and Zip Code

wingslikeEagles21@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina Y. Williams

954

791-1701

at (_____) _____

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 MAR 18 PM 12:55

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FL

Wings Like Eagles, LLC

(Must contain the words "Limited Liability Company," "LLC," 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:

6605 Salem

SAME

North Lauderdale, FL 33068

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:

Shanae L. Clarke

Name

6605 Salem

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

North Lauderdale

FL

33068

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.

/S. Clarke

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

MGR _____

Shanae I. Clarke

6605 Salem

North Lauderdale, FL 33068

AMBR _____

Kandace Flores Johnson

6605 Salem

North Lauderdale, FL 33068

(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.

Any and all lawful business purposes.

REQUIRED SIGNATURE:

Shanae I. Clarke

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.

Shanae I. Clarke

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)

2021 MAR 18 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FL

FILED