

4/1/2021

Division of Corporations

421000136829

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : DUSS, KENNEY, SAFER, HAMPTON & JOOS, P.A.
Account Number : I20090000089
Phone : (904)543-4300
Fax Number : (904)543-4301

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

Email Address: esafere@jartfirm.com**FLORIDA LIMITED LIABILITY CO.
WIDGENT INNOVATIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: WIDGENT INNOVATIONS, 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:

Eliot J. Safer

Name of Person

Duss, Kenney, Safer, Hampton & Joos, P.A.

Firm/Company

4348 Southpoint Boulevard, Suite 101

Address

Jacksonville, FL 32216

City/State and Zip Code

csafer@jaxfirm.com

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

For further information concerning this matter, please call:

Eliot J. Safer

904

543-4300

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

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name

The name of the Limited Liability Company is: **WIDGENT INNOVATIONS, LLC**

ARTICLE II - Address

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

Principal Office Address:

4114 Sunbeam Road, Suite 403
Jacksonville, FL 32257

Mailing Address:

4114 Sunbeam Road, Suite 403
Jacksonville, FL 32257

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

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

Eliot J. Safer
4348 Southpoint Boulevard, Suite 101, Jacksonville, Florida 32216

Having been named as registered agent 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

FILED
JUL 1, 2021
JACKSONVILLE, FL

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ARTICLE IV - Management

The company is to be managed by its managers.

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

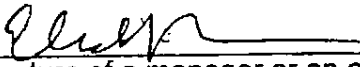
Manager

Daniel L. Wohl
4114 Sunbeam Road, Suite 403
Jacksonville, FL 32257

Manager

Cindy Kritz
4114 Sunbeam Road, Suite 403
Jacksonville, FL 32257

SIGNATURE:



Signature of a manager or an authorized representative of a manager

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.

Eliot J. Safer

Name of Signee

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JALLEN/JOSE, FL

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