

L21000317534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

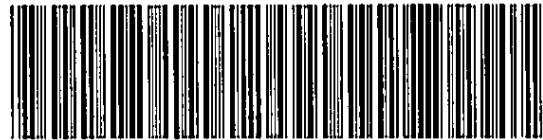
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Missing
Articles

U21000085961

Office Use Only



400365438544

05/18/21--01020--013 **130.00

2021 MAY 13 PM 3:36

F11-11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Wil ac repair plus 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:

Pierre Wilson

Name of Person

Wil ac repair plus LLC

Firm/Company

1545 Ne 5th Ave Apt 1

Address

Fort Lauderdale, FL 33304

City/State and Zip Code

wilsonpierre17@gmail.com

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

For further information concerning this matter, please call:

Pierre Wilson

954

643-8427

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

2021 MAY 18 PM 3:36

Filing

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wil ac repair plus 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:

1545 Ne 5th Ave Apt 1

Fort Lauderdale, FL 33304

Mailing Address:

1545 Ne 5th Ave Apt 1

Fort Lauderdale, FL 33304

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:

Pierre Wilson

Name

1545 Ne 5th Ave Apt 1

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

Fort Lauderdale

FL

33304

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.

Wilson Pierre

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 MAY 18 PM 3:37

F-11 11

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Pierre Wilson

1545 Ne 5th Ave Apt 1

Fort Lauderdale, FL 33304

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6-17-21 (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:

Pierre Wilson

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.

Pierre Wilson

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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2021

PIERRE WILSON
1545 NE 5TH AVE APT 1
FORT LAUDERDALE, FL 33304

SUBJECT: WIL AC REPAIR PLUS LLC
Ref. Number: W21000085961

We have received your document for WIL AC REPAIR PLUS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles IV thru VI are missing from the filing.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

James G Harris
Regulatory Specialist II

Letter Number: 421A00013105