## L21000409269

(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	$\bigcap$

Office Use Only



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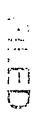
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ALLAHASSEE, FI OF

16 PH 12: 02

SECRETARY OF STATE

21 SEP 16 PHI2: 10



## COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: WESCO LLC Name of Limited Liability	y Company
The enclosed Articles of Organization and fee(s) are submitted	For filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Tosoph Waskey Ji	Person
Name of t	. (1301)
Firm/Cor	npany
15904 Baxker Crock Dr. Address	ess
Tacksonville, FL 30018 City/State and	1 Zin Code
15-mail address: (to be used for future a	nnual report notification)
For further information concerning this matter, please call:	
Name of Person Area Code	) 434 - 774 )  Daytime Telephone Number
Enclosed is a check for the following amount:	
	5.00 Filing Fee & ZI\$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

ED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 SEP 16 PM 12: 10

ARTICLE I - Name:

The name of the Limited Liability Company is:

RECRETARY OF STATE TALLY HAUSEE, FL

JJ Wesley LLC	<u></u>
(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:	<u>Mailing Address</u> :
159104 Baxter Citch Dr Ixcheonuille, FL 32218	5904 Bantor Creek Dr. Dachsonville, FL 30018

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:

Joseph Wa	3105 Jr.	
	Name	
15904 Baxter	Croch Dr.	
Florida street address	(P.O. Box <u>NOT</u>	acceptable)
Jacksonville	FL	32217
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-

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

"AMBR" = Autho			
"MGR" = Manage	t.		
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(Use attachment if	necessary)		
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- \$ 5.00 Certificate of Status (Optional)