

U22U0U269991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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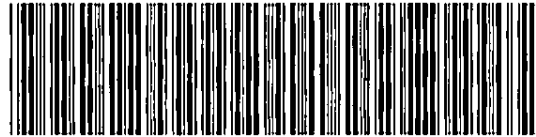
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA

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STATE OF FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Wilson Ventors, L.L.C.  
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:

John Edward Wilson  
Name of Person

Wilson Ventors, L.L.C.  
Firm/Company

242 South Jan Drive  
Address

Panama City, Florida 32404  
City/State and Zip Code

wilsonaudrey166@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John E. Wilson at ( 850 ) 899-1636  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wilson Ventors, L.L.C.  
(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:

242 South Jan Drive  
Panama City, Florida  
32404

Mailing Address:

Post Office Box 593  
Lynn Haven, Florida  
32447

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:

John E. Wilson  
Name  
242 South Jan Drive  
Florida street address (P.O. Box ~~NOT~~ acceptable)  
Panama City, FL. 32404  
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..

John E. Wilson  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

AMBR

John Edward Wilson  
242 South Jan Drive  
Panama City, Florida 32404

AMBR

Audrey F. Wilson  
242 South Jan Drive  
Panama City, Florida 32404

\_\_\_\_\_  
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PANAMA CITY, FL

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 15 June 2022 (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.

Concrete work: Framing, walls, sidewalks, drive ways,  
Foundations. Residential and commercial properties Dry Wall.

REQUIRED SIGNATURE:

John E. 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.

John Edward 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)