# **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000232413 3)))



H220002324133ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ADVOCATE CONSULTING LEGAL GROUP, PLLC

Account Number : 120090000001 Phone : (239)213-0066 Fax Number : (239)213-0698

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

erinm@advocatetax.com Email Address:\_

# FLORIDA LIMITED LIABILITY CO.

Wired Flight, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

July 11, 2022

# FLORIDA DEPARTMENT OF STATE

ADVOCATE CONSULTING LEGAL GROUP, PLLC Division of Corporations

SUBJECT: WIRED FLIGHT, LLC

REF: W22000090946

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within  $60^{-3}$  days or your filing will be considered abandoned

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

Genesis R Kersey OPS Clerk

FAX Aud. #: H22000232413 Letter Number: 722A00015391

# COVER LETTER

TO:	New Filing Section Division of Corporation	15				
SUBJE	Wired Flight, LLC					
.,		Name of Lim	ited Liabilit	у Сотрану		
The en	closed Articles of Organiza	ation and fee(s) are	submitted t	or filing.		
Please	return all correspondence o	concerning this ma	tter to the fo	llowing:		
	Erin Meyer					
			Name of I	Person		-
	Advocate Consulting	Legal Group, PLL	,C			
			Firm/Con	npany		_
	3555 Kraft Road, STI	E 240				
		-				
	Naples, FL 34105					2023
			ty/State and	Zip Code		- =
	erinin@advocatetax.ec		<del></del>		<del></del>	
	E-mail ad	dress: (to be used :	for future ar	inual report notificati	on) '	70
For furth	ner information concerning	this matter, please	call:		:	
					<del>-</del>	٠.
	Erin Meyer	at (	239	213-0066		-
	Name of Pers	on Ar	ca Code	Daytime Telephone	e Number	
Enclos	ed is a check for the follow	ing amount:				
≣\$12.		0.00 Filing Fee & icate of Status	Certifie	.00 Filing Fee & d Copy I copy is enclosed)	□\$160.00 Filing Fee Certificate of Status of Certified Copy (additional copy is encl	&·
	Mailing Addre	<u>88</u>		itreet Address		
	New Filing Sect			New Filing Section Di		
	Division of Cor P.O. Box 6327	porations		The Centre of Tallaha (415 N. Monroe Stree		
	Tallahassee, FL	. 32314		Tallahassee, FL 3230		

# ARTICLE I - Name:

The name of the Limited Liability Company is:

Wired Flight, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

# ARTICLE II - Address:

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

Mailing Address:

510 Walton Way 510 Walton Way Miramar Beach, FL 32550 Miramar Beach, FL 32550

# 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.

	Name	
510 Walton Way		
Florida street address	s (P.O. Box <u>NOT</u> ac	cceptable)
Florida street address Miramar Beach	s (P.O. Box <u>NOT</u> ac FL	cceptable) 

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. T 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)

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# ARTICLE IV-

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

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
MGR	Zachary Stubbs 510 Walton Way Miramar Beach, FL 32550		
(Use attachment if necessary)			2023
the date of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to encet the applicable statutory filing requirements, this date wint State's records.		
ARTICLE VI: Other provisions, if any.		: <del>::::</del>	2: 314
This document is execut I am aware that any false	anther or an authorized representative of a member, and in accordance with section 605,0203 (1) (b), Florida State information submitted in a document to the Department of Sections as provided for in s.817.155, F.S.		-
Zachary Stubbs	Typed or printed name of signee		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)