

L230 0005 7752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

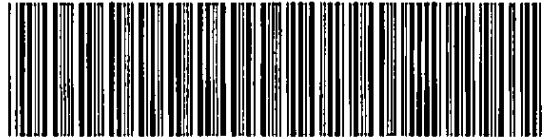
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FALL ARIZONA, AZ

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D. O'KEEFE

FEB - 8 2023

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: WDYPAVE 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:

HELEN FANELLA

Name of Person

N R FANELLA & CO INC

Firm/Company

434 TANGLEWOOD DR

Address

FORT WALTON BEACH, FL 32547

City/State and Zip Code

NFANELLA@COX.NET

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

For further information concerning this matter, please call:

HELEN FANELLA

850

461 1870

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WDYPAVE 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:

Mailing Address:

1398 HWY 92 W

AUBURNDALE, FL 33823

1398 HWY 92 W

AUBURNDALE, FL 33823

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:

N R FANELLA & CO INC

Name

434 TANGLEWOOD DR

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

FORT WALTON BEACH FL

32547

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.

Helen Fanella

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2023 JAN 20 AM 3:34
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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2023 JAN 20 AM 3:34
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

WILLIE YOUNG SR
11615 DOLLARWAY RD
PINE BLUFF, AR 71602

MBR

WILLIE YOUNG JR
11615 DOLLARWAY RD
PINE BLUFF, AR 71602

MBR

JOHNNY BREWER
3701 GRAVEL PIT RD
WHITE HALL, AR 71602

MBR

JACK BREWER
3701 GRAVEL PIT RD
WHITE HALL, AR 71602

(Use attachment if necessary)

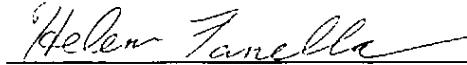
ARTICLE V: Effective date, if other than the date of filing: 01/13/2023 (OPTIONAL)

(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:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statute
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.

HELEN FANELLA

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)

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:

<u>MBR</u>	<u>CHRISTOPHER RICHARDS</u> <u>306 N CROMWELL</u> <u>CATOOSA, OK 74015</u>
<u>MBR</u>	<u>DAVID WOODS</u> <u>4101 W BARRAQUE ST</u> <u>PINE BLUFF, AR 71602</u>
<u>MBR</u>	<u>MARTIN MICHAEL HART</u> <u>5709 DOLLARWAY RD</u> <u>WHITE HALL, AR 71602</u>
<u>MBR</u>	<u>KEITH MCKENZIE</u> <u>411 COOK ST</u> <u>STAR CITY, AR 71667</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/13/2023 (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:

Helen Fanella

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.

HELEN FANELLA

Typed or printed name of signer

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