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Division of Corporations Fax Number : (850)617-6381

From:

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Account Number	:	075350000541
Phone	:	(813)875-1333
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# FLORIDA LIMITED LIABILITY CO.

Wilkins Wealth Management LLC

Certificate of Status	1
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# Audit # 1124000051421 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LEABILITY COMPANY

## ARTICLE I

## Name and Address

The name of this Limited Liability Company is:

### Wilkins Wealth Management LLC

The mailing address and street address of the Limited Liability Company are:

#### 848 Mill Stream Rd. Ponte Vedra Beach, FL 32082

#### ARTICLE II Term of Existence

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

#### ARTICLE III <u>Purpose and Powers</u>

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

## ARTICLE IV

#### Powers

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.  $\exists \sigma \in \mathcal{F}$ 

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<sup>•</sup> This form was prepared with the assistance of CourtAccess Centers LLC, a non-lawyer located at 13046 Race Track Road.. Suite 131, Tampa, FL 33626., 813-875-1333.

2024-02-08 18 13:16 GMT

From John C

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# Audit#1124000051421

### ARTICLE V Initial Registered Office and Agent

The street address of the initial registered office of this Limited Liability Company is:

## 848 Mill Stream Rd. Ponte Vedra Beach, FL 32082

and the name of its registered agent at such address is:

**Richard Wilkins** 

#### ARTICLE VI Management

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

Name and Address

Richard Wilkins, Authorized Member 848 Mill Stream Rd. Ponte Vedra Beach, FL 32082

Dated: Tuesday, February 06, 2024

Richard Wilkins

Richard Wilkins, Authorized 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.

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## Audit #1124000051421

#### ACCEPTANCE BY REGISTERED AGENT

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.,

Date: February 6, 2024

DocuSigned by: ichard Wilkins Richard Wilkins

