

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-9171
904-222-0393 FAX

800-342-8086



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PROFESSIONAL
LEGAL & FINANCIAL SERVICES

L97000000056

ACCOUNT NO. : 072100000032

REFERENCE : 204315 4313038

AUTHORIZATION :

Patricia Pyzdek

COST LIMIT : \$ 285.00

ORDER DATE : December 30, 1996

ORDER TIME : 11:40 AM

ORDER NO. : 204315-005

CUSTOMER NO: 4313038

CUSTOMER: Allen J. Hall, Esq
HINMAN HOWARD & KATTELL, LLP

500002042585--1

700 Security Mutual Building
80 Exchange Street
Binghamton, NY 13901

DOMESTIC FILING

NAME: *J&J*
WILSON ENTERPRISES, LLC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Michael E. Klunk

EXAMINER'S INITIALS

FILED
RECEIVED
96 DEC 31 AM 10:46
96 DEC 31 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

596-2735
12/31/96



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

December 31, 1996

CSC NETWORKS
1201 HAYES ST
TALLAHASSEE, FL 32301-2607

SUBJECT: WILSON ENTERPRISES, LLC
Ref. Number: W96000027343

RESUBMIT
Please give original
submission date as file date.

We have received your document for WILSON ENTERPRISES, LLC and the authorization to debit your account in the amount of \$285.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

The document must contain the names and street addresses of the members or managers of the limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 296A00057913

RECEIVED
JAN - 8 AM 11: 29
DIV OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 9, 1997

CSC NETWORKS
1201 HAYES ST
TALLAHASSEE, FL 32301-2607

SUBJECT: J & J WILSON ENTERPRISES, LLC
Ref. Number: W96000027343

We have received your document for J & J WILSON ENTERPRISES, LLC and the authorization to debit your account in the amount of \$285.00. However, the document has not been filed and is being returned for the following:

If the limited liability company will be managed by a manager or managers, a statement to that effect is required as well as the names and street addresses of such managers who are to serve as managers; or if the management is reserved to the members, a statement to that effect is required as well as the names and street addresses of the managing members.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6932.

Kimberly Rolfe
Document Specialist

Letter Number: 597A00001100

RESUBMIT
Please give original
submission date as file date.

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97 JAN 10 PM 1:09
DIVISION OF CORPORATION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY

FILED
96 DEC 31 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

J & J WILSON ENTERPRISES, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
7640 W. Golf Club Street, Crystal River, Florida 32629

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:
Perpetual

ARTICLE IV - Management:

(check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

John Wilson

7640 West Golf Club Street
Crystal River, Florida 32629

June Wilson


Same

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of J & J WILSON

ENTERPRISES, LLC deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 0.00.
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0.00.
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 1,000.00.
- 5) the total amount of 2, 3, and 4 is \$ 1,000.00.



Signature of a member or authorized representative of a member,
(In accordance with section 608.408(3), Florida Statutes, the
execution of this affidavit constitutes an affirmation under the
penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED

96 DEC 31 AM 10:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF
THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

J & J
1. The name of the limited liability company is: WILSON ENTERPRISES, LLC

2. The name and address of the registered agent and office is:

Erik E. Joh, Esq.

(Name)

4600 North Ocean Blvd.

(P.O. Box or Mail Drop Box NOT acceptable)

Boyton Beach, Florida 33435

(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.

Erik E. Joh, Esq.

By: 

(Signature)

12/27/96

(Date)

Filing Fee: \$ 35 for Designation of Registered Agent