L03000029133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name
Availability
Document

Office Use Only

Updater
Verifier DCC
Acknowledgement DCC
Re-Verifyer DCC

100021945521

EFFECTIVE DATE
8/16/03

08/04/03--01090--020 **125.00

FILED
03 AUG -4 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WAS, LLC
(Name of Limited Liability Company)

EFFECTIVE DATE
8/16/03

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL J. SABA, ATTORNEY AT LAW
(Name of Person)

LAW OFFICE OF WILLIAM A. SABA
(Firm/Company)

240 S. PINEAPPLE AVE., SUITE 702
(Address)

SARASOTA, FL 34236-6724
(City/State and Zip Code)

FILED
03 AUG -4 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MICHAEL J. SABA at (941) 365-9400
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

EFFECTIVE DATE
8/16/10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – NAME

The name of the Limited Liability Company is:
WAS, LLC

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:
240 S. Pineapple Ave.
Suite 702
Sarasota, FL 34236

ARTICLE III – REGISTERED AGENT AND OFFICE

The name and the Florida street address of the registered agent is:
William A. Saba
240 S. Pineapple Ave.
Suite 702
Sarasota, FL 34236

FILED
03 AUG -4 PM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 608, F.S..

William A. Saba
Registered Agent's Signature

ARTICLE IV – MANAGEMENT

The Limited Liability Company is to be managed by one or more of its members, and is therefore a member-managed company. The name and address of each Managing Member is:

MGRM: William A. Saba
240 S. Pineapple Ave.
Suite 702
Sarasota, FL 34236

(CONTINUED)

ARTICLE V – EFFECTIVE DATE

These Articles of Organization shall be in effect as of August 16, 2003.

REQUIRED SIGNATURE:

In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts herein are true.

William A. Saba, Managing Member
WILLIAM A. SABA, Managing Member

July 30, 2003
Date

FILED
03 AUG -4 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA