

L09000009343

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 FEB 25 PM 4:02

T. HAMPTON

FEB 26 2009

EXAMINER

2807-6000

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WcP Studio 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:

Davalyn C. Garcia

(Name of Person)

WcP Studio LLc.

(Firm/Company)

1911 E. 5TH AVE. unit 3

(Address)

TAMPA, FLORIDA 33605

(City/State and Zip Code)

For further information concerning this matter, please call:

Victor M. Garcia

(Name of Person)

at (813) 363-9789

(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

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 FEB 25 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 17, 2009

VICTOR M GARCIA
1911 E 5TH AVE
TAMPA, FL 33605

SUBJECT: WCP STUDIO LLC
Ref. Number: W09000007622

We have received your document for WCP STUDIO LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Please return the corrected original and one copy of 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 (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 609A00005569

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WcP Studio LLC.

(Must end with 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:

1911 E. 5TH AVE. unit 3
TAMPA, FLORIDA 33605

Mailing Address:

1911 E. 5TH AVE. unit 3
TAMPA, FLORIDA 33605

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:

VICTOR M. GARCIA

Name

1911 E. 5TH AVE. unit 3

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

TAMPA, FLORIDA 33605

City, State, and 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 608, F.S..



(Registered Agent's Signature (REQUIRED))

(CONTINUED)

Page 1 of 2

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DIVISION OF CORPORATIONS
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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

DAVALYN C. GARCIA

1911 E. 5TH AVE. UNIT 3

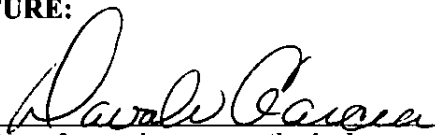
TAMPA, FLORIDA 33605

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

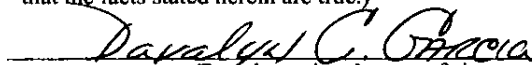
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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

(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 stated herein are true.)



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)