## , L1500009644

(Requ	uestor's Name)	
(Addi	ess)	
(Addı	ess)	···
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT ,	MAIL
(Busi	ness Entity Nar	ne)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	,



700267867007

7UU267867UU7 01/06/15--01004--014 \*\*125.00

SECRETARY OF STATE TALLAHASSEE FLORIDA

EFFECTIVE DATE 01/01/15

Office Use Only

Et - Differ frauen.

JAN 20 2015 O. BRUCE

१ क्षमपु हिन्स<del>ु वर्ग क्रिका</del>न

## **COVER LETTER**

TO: Registration Division of	n Section Corporations				
SUBJECT: Wealth	Building By Design LLC Name of Limit	ed Liability Company			·
The enclosed Articles	of Organization and fee(s) are	submitted for filing.			
Please return all corre	espondence concerning this matt	er to the following:			
Brian W		Name of Person		_	
		Name of Ferson			
Wealth 9	Building By Design LLC	Firm/Company			
		rim/Company			
1128 Ro	val Palm Beach Blvd Ste 134				
		Address			
Royal Pa	alm Beach, FL 33411				
		/State and Zip Code		_	
<u>blwoods@team</u>	realtydelivers.com E-mail address: (to be used f	or future annual report notifica	tion)		
For further information	n concerning this matter, please	call:			
Brian Woods Nar	at ( <u>56</u>		ephone Number	2015 JAN -	
Enclosed is a check for	or the following amount:		S C C C C C C C C C C C C C C C C C C C	<u> </u>	
☑ \$125.00 Filing Fee	Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee Certificate of Status Certified Copy (additional copy is small)	<b>AH</b> 10: 1	B

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Wealth Building By Design LLC		
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
(	,,,	
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
510 Business Park Way Suite B	1128 Royal Palm Beach Blvd Suite 134	<del></del>
Royal Palm Beach, FL 33411	Royal Palm Beach, FL 33411	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.  The name and the Florida street address of the registered a	egistered Agent. You must designate an i )	ndividual or
Brian Woods		
Name		
1128 Royal Palm Beach Blvd S		
Florida street address (P.O. Box 1	NOT acceptable)	
Royal Paim Beach	FL 33411	
City	Zip	
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligence of the complete of the complet	the appointment as registered agent and ag fall statutes relating to the proper and com gations of my position as registered agent of r 605, F.S	gree to act in this apleté performance
(CONTINUE	D)	<b>1 1 1 1 1 1 1 1 1 1</b>

Page 1 of 2

EFFECTIVE DATE\_OLD 1/15

Title:	Name and Address:	
"AMBR" = Authorized Mem	ber	
"MGR" = Manager		
MGR	Brian Woods	
	1128 Royal Palm Beach Blvd Ste 134	
	Royal Palm Beach, FL 33411	
		_
		_
		_
		_
		_
E V: Effective date, if other the ective date is listed, the date of filing.)	nan the date of filing: 01/01/2015 . (OPTIONAL) must be specific and cannot be more than five business days prior to o	r 90 đa
E V: Effective date, if other the ective date is listed, the date of filing.)	nan the date of filing: 01/01/2015 . (OPTIONAL) must be specific and cannot be more than five business days prior to o	r 90 đa
E V: Effective date, if other the ective date is listed, the date of filing.)	nan the date of filing: 01/01/2015 . (OPTIONAL) must be specific and cannot be more than five business days prior to o	r 90 da
E V: Effective date, if other the ective date is listed, the date of filing.)  E VI: Other provisions, if any.	nan the date of filing: 01/01/2015 . (OPTIONAL) must be specific and cannot be more than five business days prior to o	r 90 da
E V: Effective date, if other the ective date is listed, the date of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	nan the date of filing: 01/01/2015 (OPTIONAL) must be specific and cannot be more than five business days prior to o	r 90 da
ective date is listed, the date of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	nan the date of filing: $01/01/2015$ . (OPTIONAL) must be specific and cannot be more than five business days prior to o	r 90 da
E V: Effective date, if other the ective date is listed, the date of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature	an the date of filing: 01/01/2015 (OPTIONAL)  must be specific and cannot be more than five business days prior to o  A L Wada  are of a member or an authorized representative of a member.	
E V: Effective date, if other the ective date is listed, the date of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature (In accordance with	an the date of filing: 01/01/2015 (OPTIONAL)  must be specific and cannot be more than five business days prior to o  A function of a member or an authorized representative of a member.  Section 605.0203 (1) (b), Florida Statutes, the execution of this documents	
E V: Effective date, if other the ective date is listed, the date of filing.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature (In accordance with constitutes an affirm	an the date of filing: 01/01/2015	
E V: Effective date, if other the ective date is listed, the date of filing.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature (In accordance with constitutes an affirm I am aware that any	ann the date of filing: 01/01/2015 (OPTIONAL)  must be specific and cannot be more than five business days prior to o  are of a member or an authorized representative of a member.  section 605.0203 (1) (b), Florida Statutes, the execution of this document aution under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State	
E V: Effective date, if other the ective date is listed, the date of filing.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature (In accordance with constitutes an affirm I am aware that any	an the date of filing: 01/01/2015	
E V: Effective date, if other the ective date is listed, the date of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature (In accordance with constitutes an affirm I am aware that any constitutes a third decrease in the extension of the ext	an the date of filing: 01/01/2015	
E V: Effective date, if other the ective date is listed, the date of filing.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature (In accordance with constitutes an affirm I am aware that any constitutes a third decrease in the extension of the ext	and the date of filing: 01/01/2015	2015
E V: Effective date, if other the ective date is listed, the date of filing.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature (In accordance with constitutes an affirm I am aware that any constitutes a third decrease in the extension of the ext	Land the date of filing: 01/01/2015	2015
E V: Effective date, if other the ective date is listed, the date of filing.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signatu  (In accordance with constitutes an affirm I am aware that any constitutes a third desired.)	ann the date of filing: 01/01/2015 (OPTIONAL)  must be specific and cannot be more than five business days prior to o  tree of a member or an authorized representative of a member.  section 605.0203 (1) (b), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.)  Woods  Typed or printed name of signee  Filing Fees:	2015 JAN .
E V: Effective date, if other the ective date is listed, the date of filing.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signatu  (In accordance with constitutes an affirm I am aware that any constitutes a third desired.)	ann the date of filing: 01/01/2015 (OPTIONAL)  must be specific and cannot be more than five business days prior to o  are of a member or an authorized representative of a member.  section 605.0203 (1) (b), Florida Statutes, the execution of this document attion under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.)  Woods  Typed or printed name of signee	2015 JAN .
E V: Effective date, if other the ective date is listed, the date of filing.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signatu  (In accordance with constitutes an affirm I am aware that any constitutes a third desired.)	ann the date of filing: 01/01/2015	2015 JAN -

ARTICLE IV-