Division of Corporations
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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORP
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Phone : (305)599-0839

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address pleage? **

Email Address:

FLORIDA LIMITED LIABILITY CO.

Wicler, LLC

Certificate of Status	0
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Estimated Charge	\$155.00

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AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is:

Wicler, LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

3232 NW 82nd Way Cooper City, Florida 33024

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE:

The name and the Florida Street address of the registered agent are:

Diani Alfie 3232 NW 82nd Way Cooper City, Florida 33024

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.

Registered Agent's Signature

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE IV - MANAGEMENT (Check if applicable)

X The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a managermanaged company.

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

(In accordance with section 605, 0203 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

"Diana Alfie

Typed or printed name of signee.

Executed this fifteenth (15th) day of June 2015.