

L15000113136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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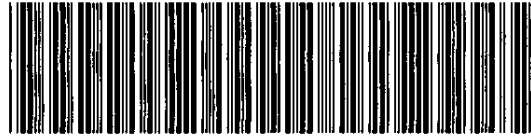
(Business Entity Name)

(Document Number)

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MICHIGAN STATE UNIVERSITY

115-39063

YMD 7/7

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: WCS ENTERPRISES, 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:

**WANDA NELSON**  
\_\_\_\_\_  
Name of Person  
  
\_\_\_\_\_  
Firm/Company  
  
**P. O. BOX 723**  
\_\_\_\_\_  
Address  
  
**PANAMA CITY, FL 32402**  
\_\_\_\_\_  
City/State and Zip Code  
  
**LIVEWANDA@YAHOO.COM**  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**WANDA NELSON**                      **850**                      **381-0882**  
\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

|                     |  |  |  |
|---------------------|--|--|--|
| \$125.00 Filing Fee | \$130.00 Filing Fee &<br>Certificate of Status | \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---------------------|--|--|--|

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 4, 2015

WANDA NELSON  
P.O. BOX 723  
PANAMA CITY, FL 32402

SUBJECT: WCS ENTERPRISES, LLC  
Ref. Number: W15000039063

We have received your document for WCS ENTERPRISES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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) 245-6052.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 915A00011723

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: WCS PLUS 1 INVESTMENTS, 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:

**WANDA NELSON**  
Name of Person

**Firm/Company**

**P. O. BOX 723**  
Address

**PANAMA CITY, FL 32402**  
City/State and Zip Code

**LIVEWANDA@YAHOO.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**WANDA NELSON** at ( **850** ) **381-0882**  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

|                     |  |  |  |
|---------------------|--|--|--|
| \$125.00 Filing Fee | \$130.00 Filing Fee &<br>Certificate of Status | \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---------------------|--|--|--|

**Mailing Address**

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

**Street 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:

WCS PLUS 1 INVESTMENTS, 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:**

3515 EAST 13TH COURT  
PANAMA CITY, FL 32404

**Mailing Address:**

P. O. BOX 723  
PANAMA CITY, FL 32402

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STATE OF FLORIDA

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:

WANDA NELSON  
Name  
3515 EAST 13TH COURT  
Florida street address (P.O. Box **NOT** acceptable)  
PANAMA CITY, FL 32404  
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 as provided for in Chapter 605, F.S..*

Wanda Nelson  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR \_\_\_\_\_

**Name and Address:**

WANDA NELSON \_\_\_\_\_

3515 EAST 13TH COURT \_\_\_\_\_

PANAMA CITY, FL 32404 \_\_\_\_\_

MGR \_\_\_\_\_

CHAKEYMA ALLEN \_\_\_\_\_

1502 BALDWIN ROWE CIRCLE \_\_\_\_\_

PANAMA CITY, FL 32405 \_\_\_\_\_

MGR \_\_\_\_\_

SHARON HARDIMON \_\_\_\_\_

7512 SHADOW BAY DRIVE \_\_\_\_\_

CALLAWAY, FL 32404 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

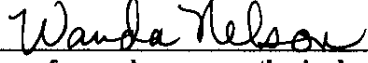
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_

**Signature of a member or an authorized representative of a member.**  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

WANDA NELSON \_\_\_\_\_

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)