

6/12/2018

Division of Corporations

L18000144022

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H180001762253))



H180001762253ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

RECEIVED
18 JUN 12 AM 10:01
FLORIDA LIMITED LIABILITY CO.
ALLAHASSEE, FLORIDA

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
WEP GROUP, LLC**

RECEIVED
2018 JUN 12 PH 2:42
CORPORATIONS
COMMERCIAL
REGISTRATION SERVICES

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

T COLLINS
JUN 13 2018

This Instrument Prepared By:

JOHN P. MAAS, ESQUIRE
44 NE 16th Street
Homestead, Florida 33030
305-247-7132
Florida Bar No. 435910

ARTICLES OF ORGANIZATION

OF

WEP GROUP, LLC

ARTICLE I:

The name of this limited liability company shall be: WEP GROUP, LLC, a Florida limited liability company.

ARTICLE II:

The mailing address and street address of the principal office of the limited liability company shall be as follows:

MAILING ADDRESS:
2018 SE 15 ST
Homestead, FL 33035

PHYSICAL ADDRESS:
2018 SE 15 ST
Homestead, FL 33035

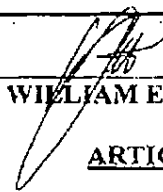
ARTICLE III:

The name and the Florida street address of the registered agent for WEP GROUP, LLC, are as follows:

WILLIAM E. PRITCHETT
2018 SE 15 ST
Homestead, FL 33035

FILED
18 JUN 12 AM 10: 01
CLERK OF COUNTY OF DADE
MIAMI, 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 605, F.S.


WILLIAM E. PRITCHETT

ARTICLE IV:

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

WILLIAM E. PRITCHETT and JESSICA D. PRITCHETT, as joint tenants with right of survivorship 100% (AMBR)
2018 SE 15 ST
Homestead, FL 33035

DATED this 12 day of June, 2018.


WILLIAM E. PRITCHETT, AUTHORIZED MEMBER

RECEIVED
STATE OF FLORIDA
SECRETARY OF STATE

18 JUN 12 AM 10: 01

RECEIVED