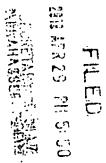
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## COVER LETTER

	Filing Section tion of Corporations	
SUBJECT:	WingIT Masonr	y LLC imited Liability Company
_	Name of L	mited Liability Company
The enclosed	Articles of Organization and fee(s) :	ire submitted for filing.
Please return :	all correspondence concerning this n	natter to the following:
	Scot Wingle	Name of Person
	J	Name of Person
	<i>e</i>	
_	7024 Icah 11	Address
	Tallahassee	FL 32303
	10110(101000	FL 32303 City/State and Zip Code
	Scot Wingrer @ come	d for future annual report notification)
	rmation concerning this matter, plea	
	,	
	Scot Wingser at (	Area Code Daytime Telephone Number
	Name of Ferson	Area code Dayane reseptione realises
Enclosed is a	check for the following amount:	
S125.00 Filin	g Fee \$\int_\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Nam Villian Soutions	Street Address Name Filling Scottism
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RTICLE I - Name:				
name of the Limited Liabilit	y Company is:			
WinaI	T Masonry LLC			
(Must cont	T Masonry LLC ain the words—Limited Li	iability Compa	ny, "L.L.C.," or "L.LC.")	
TICLE II - Address: mailing address and street ad	ddress of the principal off	fice of the Limi	ited Liability Company is:	
<u>Princip</u> :	al Office Address:		Mailing Addre	<u>ss</u> :
5024 Lean In			5024 leah In	
5024 Lean In Tallahassee FL 32303			5024 Icah In Tallahasse FL 32303	
TICLE III - Registered Age e Limited Liability Company ther business entity with an e	cannot serve as its own R	Registered Age	gent's Signature; nt. You must designate an indi	vidual or
name and the Florida street	address of the registered a	agent are:		
	scot J.	Wingler		
		Name 1		
	5024 (c) Florida street address (	ah In (P.O. Boy NO	T governable)	
	Tallahassee City	<u> </u>	32305	
	igent and to accept service	e of process for	the above stated limited liabili	
ring been named as registered of the designated in this certificate, ther agree to comply with the pr familiar with and accept the ob	igent and to accept service I hereby accept the appoi avisions of all statutes rela ligations of my position as Mg Register	e of process for intment as regi: ating to the pro s registered age	the above stated limited liabilistered agent and agree to act in sper and complete performance ent as provided for in Chapter (chapter (chapter (REQUIRED))	this capacity 1 33

"MGR" = Manager	
MGR	Scot J. Wingler 32303
	5024 leah in Tallahassee FL
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	ne of filing: Mon April 29 to 2019 (OPTIONAL)  specific and cannot be more than five business days prior to or 90 days after  t must the applicable statutory tiling requirements, this days will not be listed a
(If an effective date is listed, the date must be the date of filing.) <u>Note:</u> If the date inserted in this block does not the document's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days after t meet the applicable statutory filing requirements, this date will not be listed a
(If an effective date is listed, the date must be the date of filing.)  Note: If the date inserted in this block does not the document's effective date on the Departme ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 days after to meet the applicable statutory filing requirements, this date will not be listed a not of State's records.
(If an effective date is listed, the date must be the date of filing.)  Note: If the date inserted in this block does not the document's effective date on the Departme ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is exellam aware that any face.	specific and cannot be more than five business days prior to or 90 days after t meet the applicable statutory filing requirements, this date will not be listed a
(If an effective date is listed, the date must be the date of filing.)  Note: If the date inserted in this block does not the document's effective date on the Departme ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is exeliam aware that any faconstitutes a third deg	member or an authorized representative of a member.  cuted in accordance with section 605.0203 (1) (b). Florida Statutes.  Ise information submitted in a document to the Department of State

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

ARTICLE IV-