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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243

Business Name & Document N	(OFFICE USE ONLY)
Dusiness Name & Document N	umber, (ii anown).
1WS Capital Advisors	
Name	Document Number (if known)
x Walk in	Will wait
Certified Copy	
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit X Limited Liability Domestication INC	Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Conversion
OTHER - Corp	Merger
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual Report	Foreign Filing
Fictitious Name	Limited PartnershipReinstatement
Statement of Authority	
APOSTIL ()COUNTRY	Trademark Other
	EXAMINER'S INITIALS:

COVER LETTER

	tew Filing Sec Division of Cor				
SUBJEC"		l Advisors LLC			
SUBJEC	ı; <u> </u>	Name	of Limited Lia	bility Company	
The enclos	sed Articles of	Organization and fee	(s) are submit	ted for filing.	
Please rett	am all correspo	ondence concerning th	us matter to th	ne following:	
	Kevin Westl	perg			
			Name	of Person	
	WS Capital	Advisors LLC			
			Firm	Company	
	700 S. Rosc	mary Ave, Suite 204			
			Λ	ddress	
	West Palm I	Beach, FL 33401			
	kevinwesther	g@gmail.com	City/State	and Zip Code	
			used for futu	re annual report notificat	ion)
For further	information co	neerning this matter,	please call:		
	Lura Barua		888 at (650-3738	
	Nan	ie of Person	Area Code	Daytime Telephor	ne Number
Paclosed i	is a cheek for t	he following amount:			
	0 Filing Fee	□\$130.00 Filing I Certificate of State	ee & □S	0155.00 Filing Fee & stified Copy ional copy is enclosed)	☐\$160,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P O. B	ng Address iling Section on of Corporations fox 6327 assec. FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee eet, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2021 FEB -5 PM 12: 34

SECRETARY OF STATE
TALLAHASSEE, FL

WS Capital Advisors LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

Ā	RT	Th	FI	1 -	Ar	H	ress

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

Principal Office Address:	Mailing Address:	
700 S. Rosemary Ave, Suite 204	700 S. Rosemary Ave, Suite 204	
West Palm Beach, FL 33401	West Palm Beach, FL 33401	
ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration). The name and the Florida street address of the registered age	sistered Agent. You must designate an individual or	
InCorp Services, Inc.		
Na	ime	
17888 67th Court North		

Loxahatchee	Florida	33470		
City	State	Z.1D		

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.,

Florida street address (P.O. Box NOT acceptable)

Amber Ragland on behalf of InCorp Services, Inc.

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:	Name and Address:
"AMBR" = Authorize "MGR" = Manager	d Member
AMBR	Kevin Westberg 5459 SW 190th Ave Miramar, FL 33029
AMBR	Thomas Signorelli 5420 N Ocean Drive #1803 West Palm Beach, FL 33404 TO THE
	PH 12: 34 SSEE, FL
(If an effective date is listed, the date of filing.) Note: If the date inserted in the	other than the date of filing:
the document's effective date ARTICLE VI: Other provision	n the Department of State's records . if any
<u>reoured</u> signa	TURE:
I am	Signature of a member or an authorized representative of a member, ocument is executed in accordance with section 605.0203 (1) (b), Florida Statutes, ware that any false information submitted in a document to the Department of State tutes a third degree felony as provided for in s.817.155, F.S.
	Kevin Westberg Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- S 30.00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)