121000109684

(Requestor's Name)
(Address)
<u> </u>
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

M2/100 341/1

FAR 1,7, 2021

F. SCOTT



600359576736

02/15/21--01026--017 **130.00

SECREDARY OF STATE

021 HAR 15 PH 1: |



March 15, 2021

WILEY W FINLEY 7564 W GLENDALE CT DUNNELLON, FL 34433

SUBJECT: WW NATIONWIDE PROPERTIES LLC

Ref. Number: W21000034411

We have received your document for WW NATIONWIDE PROPERTIES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please make all addreess are correct.,

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.

Letter Number: 621A00005427

Tyrone Scott Regulatory Specialist II New Filings Section

www.sunbiz.org

COVER LETTER

TO:	New Filing Sec Division of Co							
SURI		ONWIDE PROPE	RTIES LLC					
Name of Limited Liability Company								
The en	closed Articles of	Organization and f	ec(s) are sub	mitted for filing.				
Please	return all correspo	ondence concerning	this matter	o the following:				
	WILEY W I	FINLEY						
			N:	ame of Person				
	WW NATIO	NWIDE PROPER	TIES					
	-		F	rm/Company				
	7564 W GLENDALE CT							
		Address						
	WILEYFINL	EY253@GMAIL.G	-	tate and Zip Code				
	1	E-mail address: (to	be used for f	uture annual repor	rt notificati	ion)		
or furth	er information co	ncerning this matte	r, please call	:				
	WILEY W F	INLEY	352 at (228 528	2			
			Area C	ode Daytime	e Number			
Enclose	ed is a check for t	he following amour	nt:					
□\$12:	5.00 Filing Fee	■\$130.00 Filing Certificate of Sta	atus	□\$155.00 Filing Certified Copy Iditional copy is e		□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				Street Add New Filing The Centre 2415 N. M. Tallahassed	Section Di of Tallaha onroe Stree	issec et, Suite 810		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

· ·	LE I - Name: e of the Limited Liabili	ty Company is:			
	WW NATIONWID	PROPERTIES LLC			
	(Must con	tain the words "Limited !	Liability Company, "L	L.C.," or "LLC.")	
ARTICI	E II - Address:				
		ddress of the principal o	ffice of the Limited Li	ability Company is:	
	Princip	al Office Address:		Mailing Addre	<u>ss</u> :
	7564 W GLENDAL	Е СТ	SAME		
	DUNNELLOM FI				
	 				
another l	business entity with an	cannot serve as its own active Florida registration address of the registered	n.)	u must designate an indi	vidual or
		WILEY W FINLEY			
			Name		
		7564 W GLENDALE	ECT		
			s (P.O. Box <u>NOT</u> acce	eptable)	
		DUNNELLON	FLORIDA	34433	
		City	State	Zip	
lace desig urther agr	mated in this certificate see to comply with the p		ointment as registered of lating to the proper an	agent and agree to act in ad complete performance provided for in Chapter 6	this capacity. I of my duties, and I
					ώ. ω

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:							
"MGR" = Manager								
MGR	WILEY W FINLEY							
	7564 W GLENDALE CT							
	dUNNELLON FLORIDA 34433							
(Use attachment if necessary)	Use attachment if necessary)							
ADTICLE V. Essenting days if ashorshop the de-	A of files							
(If an effective date is listed, the date must be s	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after							
the date of filing.)	pecific and cannot be more than five business days prior to or 70 days after							
	meet the applicable statutory filing requirements, this date will not be listed as							
the document's effective date on the Departmen	nt of State's records.							
ARTICLE VI: Other provisions, if any.								
REQUIRED SIGNATURE: , ,	$\mathcal{O}_{\mathcal{O}}$							
11/2	lay w Finley							
Signature of a n	nomber or an authorized representative of a member.							
This document is exec	uted in accordance with section 605.0203 (1) (b), Florida Statutes.							
	se information submitted in a document to the Department of State							
constitutes a third degr	ee felony as provided for in s.817.155, F.S.							
WILEY W FIN	LEY							
	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)