

L21000113014

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

From:  
Account Name : JASON WEISLER  
Account Number : I20210000053  
Phone : (219)757-3730  
Fax Number : (219)680-4255

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21 MAR 18 PM 1:07

FLORIDA LIMITED LIABILITY CO.  
WPPI Buccancer, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

WPPI BUCCANEER, LLC

**ARTICLE II – Address:**

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

**Principal Office Address:** 5925 Placita Rd.  
Englewood, Florida 34224

**Mailing Address:** 9800 Connecticut Dr.  
Suite A1-100  
Crown Point, Indiana 46307

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

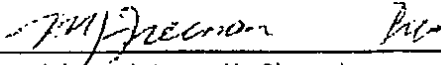
The name and the Florida street address of the registered agent are:

M.J. F. Registered Agent Corp.  
Name

153 Sevilla Avenue  
Florida Street Address (No P.O. Box)

Coral Gables, FL 33134  
City, State, and Zip code

*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..*

  
\_\_\_\_\_  
Registered Agent's Signature  
(Michael J. Freeman, President)

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**ARTICLE IV – Manager(s) or Managing Member(s):**

The name and address of each Manager or Authorized Member is as follows:

**Title:**

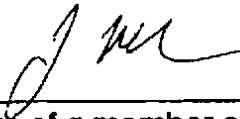
\*AMBR\* = Authorized Member  
\*MGR\* = Manager

**Name and Address:**

MGR

WMB Corp.  
9800 Connecticut Dr.  
Suite A1-100  
Crown Point, Indiana 46307

**REQUIRED SIGNATURE:**



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**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.)

Jason Weisler as Secretary of WMB Corp.

Type or print name of signee

**Filing Fees:**

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

\$30.00 Certified Copy (Optional)

\$5.00 Certificate of Status (Optional)

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