

20/0000005/66

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

## Electronic Filing Cover Sheet

**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.**

((H01000033457 2)))

**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) 922-4003

From: Account Name : PARCORP SERVICES, LTD.  
Account Number : I19990000011  
Phone : (877) 603-2533  
Fax Number : (707) 276-4538

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 APR -3 PM 3:01

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 APR -3 PM 1:54

RECEIVED

## LIMITED LIABILITY COMPANY

W3, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing

Public Access Help

Fax Audit No. (((H0000033457 2)))

STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF  
W3, LLC

Pursuant to s. 608.407, Florida Statutes.

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**W3, LLC**

**ARTICLE II - Address:**

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

**9785 CAMBERLEY CIRCLE, ORLANDO, FL 32836-5746**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agents Signature:**

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

**MIRTHA VALDES MARTIN, CPA**

Name

**1321 ARBOR VISTA LOOP #125**

Florida street address (P.O. Box **NOT** ACCEPTABLE)

**LAKE MARY, FL 32746**

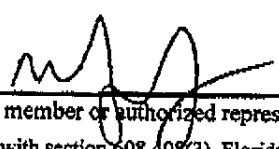
City, State and Zip

*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 608, F.S.*

  
Registered Agents Signature

**ARTICLE IV - Management (Check Box if Applicable.)**

☐ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

  
Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**MICHAEL J. JAGODA**

Typed or Printed name of signee

**Preparer Info:**

Parcorp Services, Ltd. / Michael J. Jagoda,

PMB 258 - 13799 PARK BLVD. N., SEMINOLE, FL 33776 / Phone: 727-320-9848

Fax Audit No. (((H0000033457 2)))

FILED  
01 APR -3 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Fax Audit No. (((H00000334572)))

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507 FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND  
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

**W3, LLC**

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

**MIRTHA VALDES MARTIN, CPA**

Name

**1321 ARBOR VISTA LOOP #125**

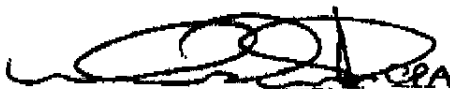
Florida street address (P.O. Box NOT ACCEPTABLE)

**LAKE MARY, FL 32746**

City, State and Zip

FILED  
01 APR -3 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, 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 608, F.S..*



Registered Agent **MIRTHA VALDES MARTIN, CPA**

Fax Audit No. (((H00000334572)))