

Division of Corporations

Page 1 of 1

**W02000010154**

## 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.**

(((H02000107509 0)))

**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) 205-0383

## From:

Account Name : PAUL SMITH  
Account Number : I20010000247  
Phone : (305) 673-0347  
Fax Number : (305) 532-0738

## LIMITED LIABILITY COMPANY

WRTI LTD. CO.

Certificate of Status	0
Certified Copy	0
Page Count	0102
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing

Public Access Help

MJH

FILED

02 APR 29 AM 10:26

RECEIVED

02 APR 29 AM 7:35

DIVISION OF CORPORATION

H02 000 107 509 0

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

WRTI LTD. CO.

ARTICLE II ADDRESS

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

705 BUSBEE AVE.

APOPKA, FL 32703

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

JOHN E. WHITE

1870 ALOMA AVE. SUITE 120

WINTERPARK, FL 32703

Having been named as registered agent 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's Signature

  
Signature of a member or an 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.

JOHN E. WHITE

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 APR 29 AM 10:26

FILED

H02 000 107 509 0