

L02000020456

Karen Botino

Pennington Law Firm

Requestor's Name

215 S. Monroe, 2nd Floor

Address

Tallahassee, FL 32303

City/State/Zip

Phone #

Please call when ready.

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

Thanks

1. _____
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- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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****125.00 ****125.00

ARTICLES OF ORGANIZATION
OF
W.K., L.L.C.

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The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is W.K., L.L.C. (hereinafter referred to as the "Company").

2. PERIOD OF DURATION.

The period of duration of the Company shall not exceed the maximum term permitted under the Florida Limited Liability Company Act. The Company may be dissolved sooner, however, as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. PURPOSE.

The purpose for which the Company is organized is to purchase, own, sell, mortgage, and do everything incidental or necessary relating to real property and personal property, including farming, timber farming, development, and to engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. ADDRESS OF PLACE OF BUSINESS.

The mailing and street address of the place of business in Florida for the Company is 217 John Knox Road, Tallahassee, Florida 32303. Such address may be changed from time to time as provided

in the Operating Agreement.

5. REGISTERED AGENT.

The initial registered agent in Florida for the Company is: Robert H. Kirby, and the initial registered office is located at 3836 East Millers Bridge, Tallahassee, Florida 32312.

6. INITIAL CAPITAL CONTRIBUTIONS.

The total amount of cash and a description of the agreed value of property other than cash contributed to the Company is as follows: One Hundred and No/100 Dollars (\$100.00) in cash.

7. ADDITIONAL CONTRIBUTIONS.

The total additional contributions, if any, agreed to be made by all Members and the times at which such contributions shall be made, are as follows: No total additional contributions have been agreed to as of the date of filing of these Articles of Organization. Additional contributions, if any, will be made as provided in the Operating Agreement.

8. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

9. MANAGEMENT.

The Company shall be managed by the Member(s). All deeds, notes, mortgages, bills of sale, assignments and other documents purporting to transfer title to any real property, personal property or intangible property of the Company shall require the signature of all Members.

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10. INDEMNIFICATION.

Unless expressly agreed otherwise in writing by all of the Members, the Company shall indemnify any Member or former Member to the full extent permitted under the Florida Limited Liability Company Act.

11. EFFECTIVE TIME.

These Articles shall be effective when filed with the Florida Department of State
Executed at Tallahassee, Florida, on the 9th day of August, 2002

Robert H. Kirby, Member
Robert H. Kirby, Member

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TALLAHASSEE, FLORIDA

STATE OF FLORIDA,

COUNTY OF LEON.

The foregoing instrument was acknowledged before me this 9 day of August, 2002, by Robert H. Kirby, a member of W.K., L.L.C., a Florida limited liability company, on behalf of the company. He is personally known to me or has produced _____ as identification.

Elizabeth Linsin
NOTARY PUBLIC - STATE OF FLORIDA

(SEAL)

Elizabeth Linsin
Print, Type or Stamp Name of Notary Public



Elizabeth Linsin
MY COMMISSION # CC870014 EXPIRES
September 8, 2003
BONDED THRU TROY FAIN INSURANCE, INC

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: W.K., LLC
2. The name and address of the registered agent and office is:

Robert H. Kirby

(NAME)

3836 East Millers Bridge

(P.O. BOX NOT ACCEPTABLE)

Tallahassee, Florida 32312

(CITY/STATE/ZIP)

SIGNATURE

Robert H. Kirby

TITLE Member

DATE

8-10-02

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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.

SIGNATURE

Robert H. Kirby

DATE

8-10-02

REGISTERED AGENT FILING FEE: \$25.00