Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634~3694 Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

W.G. HOLDINGS LLC

 Certificate of Status
 1

 Certified Copy
 0

 Page Count
 03

 Estimated Charge
 \$130,00

RECEIVED

03 JUN 24 PM 2: 17

DIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: W. G. 1201	OINGS LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Ma	iling Address:
5 Riverview Drive	
ARTICLE III - Registered Agent, Registered Office, & R	Registered Agent's Signature
The name and the Florida street address of the registered age	ent are:
MILLIAM GOVEL	
5 RNERVIEW DRIV Florida sheet address (P.O. Blox NOT acc	<u>E</u> S
SEWELL'S POINT ME 34	1996
Having been named as registered agent and to accept service of process for the above stated limited liability compony at the place designated in this centificate, 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	

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ARTICLE IV- Minager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member WG R (Use attachment if necessary) NOTE: An additional article roust be added if an effective date is requested. REQUIRED SIGNATURE: peraber or an suchorized representative of a member. Signatury of a (In accordance with section 608.408(3), Florida Summes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts s ated herein are true.) GOVE GOVE Typed or printed name of signee

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Filing Free:

5100.00 Filing Pee for Articles of Organization \$ 25.00 Designation of Registered Agent

\$ 30.00 [Certified Copy (Optional)
5 5.00 [Certificate of Status (Optional)

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