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To:

Division of Corporations

: (A50)205-03A3 Fax Number

From:

Account Name # FILINGS - INC-Account Number : 072720000101 Phone (850)365-6735 Fax Number \$ (954)643-4392

LIMITED LIABILITY COMPANY

WV CONNECTION, LLC

في المساور و المراجع ا	
Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

ARTICLES OF ORGANIZATION FOR WY CONNECTION, LLC

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE | - Name

The name of the Limited Liability Company is: WV CONNECTION, LLC.

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is: 8109 S.E. River's Edge Street, Jupiter, FL 33458.

ARTICLE III -- Registered Agent, Registered Office, and Registered Agent's Signature

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

Benjamin P. Shenkman, Esq. 2160 West Atlantic Avenue Second Floor Delray Beach, Florida 33445

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, Florida Statutes.

Registered Agent's Signature

ARTICLE IV - Management

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

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IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 154 day of 1003.

(in accordance with Section 606.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the panalties of perjury that the facts stated herein are true)

Authorized Representative Signaturo

Printed Name: Benjamin P. Shenkman

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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:

WV CONNECTION, LLC

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

BENJAMIN P. SHENKMAN, ESQ. 2160 West Atlantic Avenue Second Floor Deiray Beach, FL 33445

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. Thereby, 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, Florida Statutes.

Registered Agent's Signature

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