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SECRETARY OF STATE
SECRETARY OF STATE

TRANSMITTAL LETTER

SUBJECT: W. M. INVESTMENTS, L.L.C. (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Person)	
W.M. INVESTMENTS, L.L.C. (Firm/Company)	O3 AUG 22 AM 8: OO SEGRETARY OF STATE TALLAHASSEE, FLORIDA
2511 NE 50th Street (Address)	AN 8: 00 OF STATE E, FLCRIDA
City/State and Zip Code)	
For further information concerning this matter, please call:	
Ryan MAHONEY at (954) 769-2743	

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

(Name of Person)

MAILING ADDRESS:

(Arca Code & Daytime Telephone Number)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited	l Liability Company is:	W. M.	INVESTI	MEANS, L.L	.L.		
ARTICLE II - Address The mailing address and		incipal offic	e of the Li	mited Liabilit	ty Comp	any is	:
Principal Office Addre	ss:	<u> M</u> a	iling Add	lress:			
W.M. TANESHMEANS 2511 NF 50th ST LIGHTHOUSE POINT, FL	REST			POINT, FL &			
ARTICLE III - Registe	red Agent, Registered	Office, & F	Registered	Agent's Sign	nature:		
The name and the Florid	a street address of the re	gistered age	ent are:		Z's	03	
	Name		·		LLAHASSI	AUG 22	7
_2:	Florida street address (P.O.	meset Box NOT ac	ceptable)				C
<u>_</u>	City, State, ar	FL 33	064		STATE	8:00	_
liability company at the registered agent and agr statutes relating to the p	egistered agent and to acoustice designated in this content to act in this capacity. The roper and complete perform my position as registered in the content to the content and complete perform.	ertificate, I i I further as ormance of n	hereby acc gree to con ny duties, a	ept the appoin uply with the p and I am famili	itment as provision iar with a	s is of al	
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(CONTINUED)

The name and address of each Mana	ger or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Ryan MAHONEY
	2511 NE 5045 STREET
	LIGHTHOUSE POINT, FL 33064
_M(+&M	SEAN WILLIAMS
HIGH	1742 SW 17th Street
	BOCA RATION, FL 33486
	· · · · · · · · · · · · · · · · · · ·
	[[]]
(Use attachment if necessary)	는 사람이 보고 있는 것이 되었다.
NOTE: An additional autials must	the added if an effective data is necessarily
NOTE: An additional article musi	t be added if an effective date is requested.
REQUIRED SIGNATURE:	
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Signature of a mem	ber or an authorized representative of a member.
(In accordance with	reaction 608 408(2). Florida Statutor, the execution
of this document cor that the facts stated	section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury herein are true.)
RYAN	E. MAHONEY
	Typed or printed name of signee
	Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

ARTICLE IV- Manager(s) or Managing Member(s):

\$ 5.00 Certificate of Status (Optional)