L030000365169

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	*******
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status_	
Special Instructions to Filing Officer:	

Office Use Only



700023103507

09/19/03--01064--007 **166.60 []



Transmittal Letter

FILED

03 SEP 19 PM 1: 24

Department of State Divisions of Corporations P.O. Box 6327 Tallahassee, FL. 32314

HAT (AHASSEE, TLORIDA

SUBJECT:	WENGER PROPERTIES, LLC	
	(Proposed Limited Liability Cornerate name - must include suffix	7

Enclosed is an original and one(1) copy of the articles of organization for Florida Limited Liability Company and a check for:

□ \$125.00

□\$130.00

Filing Fee & Designated

Registered Agent.

Filing Fee/RA & Certificate of Status □\$155.00

₩\$160.00 Filing Fee Filing Fee,

& Certified Copy

Certified Copy

& Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: <u>DONALD WENGER</u> Name (Printed or Typed)	
1698 DIANE TERRACE Address	20 € 20 € 20 € 20 € 20 € 20 € 20 € 20 €
DELTONA. FL 32725 City, State & Zip	
386-789-2474 Daytime Telephone Number	ू पूर्व पूर्व के किस के किस जो किस के कि

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

03 SEP 19 PH 1: 21

ARTICLE I - Name:

The name of the Limited Liability Company is: WENGER PROPERTIES, LLCL, ALL OF STARL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1698 DIANE TERRACE DELTONA, FL 32725

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

DONALD WENGER
Name

1698 DIANE TERRACE
Florida street address (P.O. Box NOT acceptable

DELTONA, FL 32725
City, State, and Zip

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 as provided for in Chapter 698. F.S.

Registered Agent's Signature

is therefore, a manager ma	each Manager or Managing Member is as follows: 03 SEP 19 PM 1:-24 NAME & ADDRESS
The name and address of e	NAME & ADDRESS DONALD WENGER 1698 DIANE TERRACE DELTONA, FL 32725 JANICE WENGER 1698 DIANE TERRACE DELTONA, FL 32725
	NAME & ADDRESS
MGR	DONALD WENGER JALL AMASSLE, PERMIT
	1698 DIANE TERRACE DELTONA, FL 32725
MGR	JANICE WENGER
	1698 DIANE TERRACE DELTONA, FL 32725
ARTICLE V – Effective Dr	nte apany requested effective date is October 1, 2003

facts stated herein are true.)

Signature of a member or an authorized representative of a member

Typed are printed name of signee

DONALD WENGER

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the