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W3-41634

TRANSMITTAL LETTER

Division of Corporations					
SUBJECT: W.R.L. PROPERTIES, LLC (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:					
BEATRIZ H. WILENSKY (Name of Person)	t -				
21205 JACHT CLUB DR #2609 (Fjm/Company)					
AVENTURA (Address)		_			
(Address)					
FL. 33180					
(City/State and Zip Code)	-	2.12			
For further information concerning this matter, please call:					
• • • • • • • • • • • • • • • • • • • •					
(Name of Person) at (186) 287-5408 (Area Code & Daytime Telephone Number)	<u>,</u>				
(Name of retson) (Area Code & Daytime Telephone Number)					

STREET ADDRESS:

TO:

Registration Section

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

रूपाल का विका**ं** साम्बद्धाः अस्ति । विकास

MAILING ADDRESS:

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 Liability Company is:					
W. R. L. PROPER	TIES, LLC				
ARTICLE II - Address: The mailing address and street address of the principal	,				
Principal Office Address: 21205 YACHT (WBDR#2609 AUCNTURB FC 33180	Mailing Address: 21205/Acht (Lue DR				
AVENTURA FL	# 2609				
33180	AVENTURA FEBBISO				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:					
BEATRIZ M.	WILENSKY I				
21205 A Florida street address (P.O. Box No.	WILENSKY LT CLUB DR H-2609 DT acceptable)				
Oty, State, and Zip	ORIDA 33180				
g been named as registered agent and to accept service of p	vrocess for the above stated limited liability				

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 608, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

BEATRIZ M WILENSKY
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)

\$ 5.00 Certificate of Status (Optional)