

L04000003047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

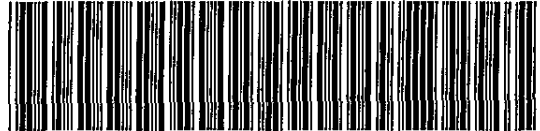
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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L04-3047  
OK

**C. GEOFFREY VINING, P.A.**

Attorney at Law  
129 S. Kentucky Avenue  
Suite 702  
Lakeland, Florida 33801-5073

Business and Corporations  
Estates, Wills and Trusts  
General Practice

REPLY TO:  
P.O. Box 2525  
Lakeland, FL 33806-2525  
Telephone 863/687-8320  
Fax 863/688-3699  
Email viningg@gte.net

January 5, 2004

Florida Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

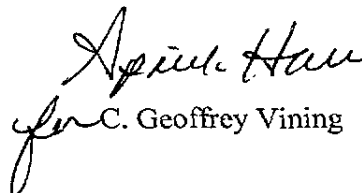
Re: **WT PROGRESS, LLC**

Dear Sir or Madam:

Enclosed please find an original and one copy of Articles of Organization for the above-referenced limited liability company along with my firm's check in the amount of \$125 for your fee.

Thank you for your kind attention.

Sincerely yours,

  
for C. Geoffrey Vining

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CGV/ah  
Enclosures

**ARTICLES OF ORGANIZATION  
FOR  
WT PROGRESS, LLC**

**ARTICLE I  
NAME**

The name of the Limited Liability Company is WT PROGRESS, LLC.

**ARTICLE II  
ADDRESS**

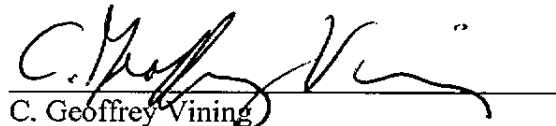
The mailing address of the Limited Liability Company is Post Office Box 8816, Lakeland, Florida 33806, and the street address of the principal office of the Limited Liability Company is 518 Kerneywood Drive, Lakeland, Florida 33803.

**ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE  
& REGISTERED AGENT'S SIGNATURE**

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

C. Geoffrey Vining  
129 South Kentucky Avenue, Suite 702  
Lakeland, Florida 33801

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.

  
C. Geoffrey Vining  
Registered Agent

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TALLAHASSEE, FLORIDA

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**ARTICLE IV**  
**MANAGER(S) OR MANAGING MEMBER(S)**

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

MGRM

Wendy Lester  
Post Office Box 8816  
Lakeland, FL 33806

Wendy Lester  
Wendy Lester

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.)

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