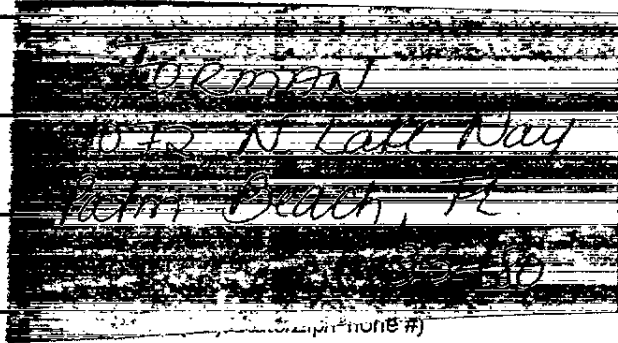


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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

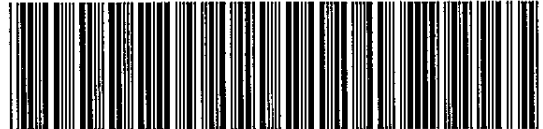
(Document Number)

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TALLAHASSEE, FLORIDA

W04-14650

J. BRYAN APR 15 2004

J. BRYAN MAY - 3 2004

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WFM 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:

Wendy Forman  
(Name of Person)

WFM LLC  
(Firm/Company)

1072 North Lake Way  
(Address)

Palm Beach, FL 33480  
(City/State and Zip Code)

For further information concerning this matter, please call:

Wendy Forman at (917) 363-4321  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

To: Department of State  
Division of Corporation

From: Wendy Forman

Re: Formation of LLC

Date: March 29, 2004

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2004 APR 27 PM 1:03  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**Articles of Organization:**

Name: WFM LLC

Address: 1072 North Lake Way  
West Palm Beach, FL 33480

The registered agent is Wendy Forman at 1072 North Lake Way, Palm Beach, FL 33480

The limited liability company is to be a manager-managed company.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 15, 2004

WENDY FORMAN  
WFM LLC  
1072 NORTH LAKE WAY  
WEST PALM BEACH, FL 33480

SUBJECT: WFM LLC  
Ref. Number: W04000014650

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Upon receipt of your letter and/or check(s) totaling \$125.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 304A00024937

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

WFM LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

1072 North Lake Way  
Palm Beach, FL  
33480

**Mailing Address:**

1072 North Lake Way  
Palm Beach, FL  
33480

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Wendy Forman  
Name

1072 North Lake Way  
Florida street address (P.O. Box **NOT** acceptable)

Palm Beach FLORIDA 33480  
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 608, Florida Statutes..*

W. Forman  
Registered Agent's Signature

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Wendy Forman  
1072 North Lake Way  
Palm Beach, FL 33480

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

W. Forman  
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.)

WENDY FORMAN  
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)**

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