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	(Requestor's Name)	
	(Address)	100037
	(Address) (City/State/Zip/Phone #)	
	PICK-UP WAIT MAIL	06/02/04
.	(Business Entity Name)	
•	(Document Number)	06/21/040
	Certified Copies Certificates of Status	
	Special Instructions to Filing Officer:	

Office Use Only



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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 7, 2004

WENDY SODERSTROM 2001 SE SAILFISH POINT BLVD. #218 STUART, FL 34996

SUBJECT: W-ONE PROPERTIES, LLC

Ref. Number: W04000021854

We have received your document for W-ONE PROPERTIES, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

The name must be listed in article I of the articles of organization.,

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 604A00038653

W-One Properties

2001 SE Sailfish Point Blvd #218 Stuart, FL 34996 772-334-8998 Cell 603-219-1210

Florida Dept of State Div. Of Corporations 409 E Gaines St. Tallahassee, Fla 32399

Please except registration of my LLC. Fax a copy of the confirmation to me at 772-334-8998.

Any questions I can be reached any time at the above phone numbers.

Cordially,

Wendy Lee Soderstrom W-One Properties LLC

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: W-One 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:
Mendy ke Gderstrom
Wone Properties
2001 SE Valfish Point Blvd. #218
Stuart Florida 34996 (City/State and Zip Code)
For further information concerning this matter, please call:
Leny Luc Sclesstom, at 772 3348998 or 403219-12. (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 FILED
THURSE FIGHDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	CLE I - Name: ame of the Limited Liability Company is: W-One Pro	operties LLC
	CLE II - Address: ailing address and street address of the pri	ncipal office of the Limited Liability Company is:
<u>Princi</u>	pal Office Address:	Jol SE Lai Hish Point Blud
Ja	effect Point	Bd 2001 Unit 218
Ulu	an F1. 34996	Stuar 17, 34996
	CLE III - Registered Agent, Registered ume and the Florida street address of the re	Office, & Registered Agent's Signature: egistered agent are:

Florida street address (P.O. Box NOT acceptable)

Florida Street address (P.O. Box NOT acceptable)

FLORIDA 34996

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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Wendy be Siler stron
and the second s	
	
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member or an a	uthorized representative of a member.
(In accordance with section 608. of this document constitutes an a	408(3), Florida Statutes, the execution of firmation under the penalties of perjury

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

that the facts stated herein are true.)

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

ECHELLISMS

Typed or printed name of signee