

LO40060 46392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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06/21/04 11:00 AM  
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~~WA4-21854~~

LO4-46392  
OK



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

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# W-One Properties

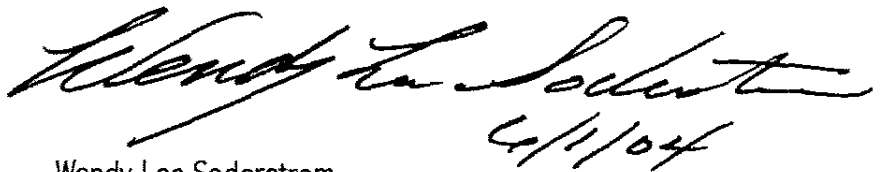
2001 SE Sailfish Point Blvd  
#218  
Stuart, FL 34996  
772-334-8998  
Cell 603-219-1210

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  
6/1/04

Wendy Lee Soderstrom  
W-One Properties LLC

NEW FLORIDA STATE  
TALLAHASSEE, FLORIDA

11 JUN 14 PM 4:06

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**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:

Wendy de Soderstrom  
(Name of Person)

W-One Properties  
(Firm/Company)

2001 SE Sulphur Point Blvd. #218  
(Address)

Stuart, Florida 34996  
(City/State and Zip Code)

For further information concerning this matter, please call:

Wendy de Soderstrom at 772 3348998 or 603219-121  
(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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JUL 14 PM 4:05  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

W-One Properties LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

Bld 2001 #218  
Sault Point  
Stuart FL 34996

**Mailing Address:**

201 SE Sault Point Blvd  
Bld 2001 Unit 218  
Stuart FL, 34996

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

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

Wendy Lee Soderstrom  
Name  
201 SE Sault Pt. Blvd #218  
Florida street address (P.O. Box **NOT** acceptable)  
Stuart 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..*

Wendy Lee Soderstrom  
Registered Agent's Signature

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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:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Wendy Lee Soderstrom

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Wendy Lee Soderstrom  
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 Lee Soderstrom  
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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FLORIDA SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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