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(Re	equestor's Name)	······································
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
		7/19
	Office Use Only	9111



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OL JUL 15 AMIN: 37

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: The Weath BUZLOING INSTITUTE LLC (Name of Limited Liability Company)	 -	. : .	
The enclosed Articles of Organization and fee(s) are submitted for filing.	·	: 1	-
Please return all correspondence concerning this matter to the following: Debbie 5mail (Name of Person)			
(Name of Person)	50 c))	•
7701 NW 56 AU€ #2	LAHA		17
(Address)	SEE, FL	5 Mil: 37	T
Pompano Beach Fr. 33073 (City/State and Zip Code)	- ST	Σ	•
For further information concerning this matter, please call:			
Debbie Smarl at (954) 422-1738 (Name of Person) (Area Code & Day time Telephone Numb	oet)	:	

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
The Wealth BUILDING	S FUSTITUTE LLC
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
770, NW 56 AUE,	20423 STATE Rdy
Unit # 2	F6-319
Pompano Beach FL 33073	BOCA RATON, FI 33498
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered Debbic Small Name 22083 Fowfa Da Florida street address (P.O. Box NO Boca Raton FLO City, State, and Zip	d agent are: JUL 15 AM II: 3 AHASSEE, FLORI

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: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Debbie SMACL 2208 3 FLOWER DR BOCA KATON, TV 33438	
MER	MICHAEL ALBERT 22083 FLOWER DR BOCA RATIN, PL 33428	
MGRM	Lee SMALL 22083 FLOWER DR BOLA RATIN FL 33428	: .
m ekm.	SHIPME ALBERT 22083 FLOWER DR BOCA RATUN FL 33428	- <u>:</u>
(Use attachment if necessary)	SECKE TALLAH	- Park
NOTE: An additional article must be	added if an effective date is requested.	erananie crananie crananie
REQUIRED SIGNATURE:		
Differ Smal		9
Signature of a member or an au	thorized representative of a member.	
	108(3), Florida Statutes, the execution firmation under the penalties of perjury e.)	

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)

DEBBE SMALC
Typed or printed name of signee