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(Requestor's Name)

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(Business Entity Name)

(Document Number)

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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

WPT Investments, LLC

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- ☐ Art of Inc. File\_\_\_\_\_
- ☐ LTD Partnership File\_\_\_\_\_
- ☒ Foreign Corp. File\_\_\_\_\_
- ☒ L.C. File\_\_\_\_\_
- ☐ Fictitious Name File\_\_\_\_\_
- ☐ Trade/Service Mark\_\_\_\_\_
- ☐ Merger File\_\_\_\_\_
- ☐ Art. of Amend. File\_\_\_\_\_
- ☐ RA Resignation\_\_\_\_\_
- ☐ Dissolution / Withdrawal\_\_\_\_\_
- ☐ Annual Report / Reinstatement\_\_\_\_\_
- ☐ Cert. Copy\_\_\_\_\_
- ☐ Photo Copy\_\_\_\_\_
- ☐ Certificate of Good Standing\_\_\_\_\_
- ☐ Certificate of Status\_\_\_\_\_
- ☐ Certificate of Fictitious Name\_\_\_\_\_
- ☐ Corp Record Search\_\_\_\_\_
- ☐ Officer Search\_\_\_\_\_
- ☐ Fictitious Search\_\_\_\_\_
- ☐ Fictitious Owner Search\_\_\_\_\_
- ☐ Vehicle Search\_\_\_\_\_
- ☐ Driving Record\_\_\_\_\_
- ☐ UCC 1 or 3 File\_\_\_\_\_
- ☐ UCC 11 Search\_\_\_\_\_
- ☐ UCC 11 Retrieval\_\_\_\_\_
- ☐ Courier\_\_\_\_\_

Signature \_\_\_\_\_

Requested by: RW

7/30

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

W.P.T. INVESTMENTS LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

829 S.W. 9<sup>th</sup> Terrace  
Fort Lauderdale, FL 33315

**Mailing Address:**

829 S.W. 9<sup>th</sup> Terrace  
Fort Lauderdale, FL 33315

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

The name and the Florida street address of the Registered Agent are:

GUY WESCOTT  
829 S.W. 9<sup>th</sup> Terrace  
Fort Lauderdale, FL 33315

Having been named as Registered Agent and to accept service of the 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, F.S.



GUY T. WESCOTT  
Registered Agent

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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:

Manager/Member

GUY T. WESCOTT  
829 S.W. 9<sup>th</sup> Terrace  
Fort Lauderdale, FL 33315

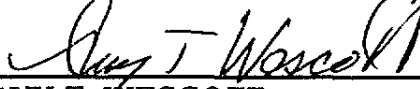
**NOTE: An additional article must be added if an effective date is requested.**

REQUIRED SIGNATURE:



\_\_\_\_\_  
GUY T. WESCOTT, Manager/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.)



\_\_\_\_\_  
GUY T. WESCOTT

Typed or printed name of Signee