# 204 0000 76322

| (Re                       | questor's Name)   |           |
|---------------------------|-------------------|-----------|
| (Ad                       | dress)            |           |
| (Ad                       | dress)            |           |
| (Cit                      | y/State/Zip/Phone | ÷#)       |
| PICK-UP                   | WAIT              | MAIL      |
| (Bu                       | siness Entity Nam | ne)       |
| (Do                       | cument Number)    |           |
| Certified Copies          | Certificates      | of Status |
| Special Instructions to I | Filing Officer:   |           |
|                           |                   |           |
|                           |                   |           |
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|                           | Office Use Only   |           |



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## TRANSMITTAL LETTER

| TO: Registration Sec<br>Division of Corp                     |                           |  |                   |
|--|---------------------------|--|-------------------|
| SUBJECT: WDS In  | vestments, LLC            |  |                   |
|  | (Name of Limited          | Liability Company)   |                   |
|  |                           | ) are submitted for filing.                                    |                   |
| Liane Mooty  |                           |  |                   |
| (1)  | lame of Person)           | •  |                   |
| National Corporate H   | eadquarters, Inc.         |  | OHOCT 20 PM 1: 16 |
| (F   | irm/Company)              |  | T 20 PM           |
|  |                           |  |                   |
| 350 S. Center St., St  | e. 500                    |  | H I 16            |
|  | ddress)                   | <del></del>  | <u> </u>          |
| Reno, NV 89501   |                           |  | •                 |
| (0   | ity/State and Zip Code)   |  |                   |
| For further information                                      | concerning this matter, p | please call:   |                   |
| Liane Mooty  | at                        | ( 775 ) 329-7721   |                   |
| (Name of I   |                           | (Area Code & Daytime Telephon                                  | e Number)         |
| STREET ADDRESS: Registration Section Division of Corporation | s                         | MAILING ADDRESS: Registration Section Division of Corporations |                   |
| 409 E. Gaines Street P.O. Box 6327                           |                           |  |                   |

Tallahassee, Florida 32314

Tallahassee, Florida 32399

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

ADTICLE I Nomes

| ARTICLE I - Name:                              |  |  |  |  |
|--|--|--|--|--|
| The name of the Limited Liability Company      | is:  |  |  |  |
| WDS Investment, LLC                            |  |  |  |  |
| ARTICLE II - Address:                          |  |  |  |  |
| •  | e principal office of the Limited Liability Company is:  |  |  |  |
| 3  | remoral company to   |  |  |  |
| Principal Office Address:                      | Mailing Address:   |  |  |  |
| 87 Live Oak Street                             | 87 Live Oak Street   |  |  |  |
| Niceville,FL 32578                             | Niceville, FL 32578  |  |  |  |
|  |  |  |  |  |
| ARTICLE III - Registered Agent, Registe        | ered Office, & Registered Agent's Signature:   |  |  |  |
|  | To a strong as transfer out to significant or  |  |  |  |
| The name and the Florida street address of the | he registered agent are:   |  |  |  |
| Business Filings Inco                          | he registered agent are:  proporated  All Columns  All Co |  |  |  |
| Na   | ame SS 2   |  |  |  |
| 660 East Jefferson S                           | tract Track  |  |  |  |
| Florida street address                         | (P.O. Box NOT acceptable)  |  |  |  |

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, F.S..

City, State, and Zip

Tallahassee

Mark Schiff, AVP
Registered Agent's Signature

(CONTINUED)

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

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

| MGRM                                  | Diane Shaffer                                    |                | ,              |
|---------------------------------------|--|----------------|----------------|
|                                       | 87 Live Oak Street                               | _              |                |
|                                       | Niceville, FL 32578                              | <b>-</b> ··    |                |
| MGRM                                  | William Shaffer                                  |                |                |
|                                       | 87 Live Oak Street                               | _ '            |                |
| •                                     | Niceville, FL 32578                              | _              |                |
|                                       |  |                |                |
|                                       | <u></u>  |                |                |
|                                       |  | -              |                |
| •                                     |  | - · ·          |                |
|                                       |  | <sup>2</sup> 9 |                |
| · · · · · · · · · · · · · · · · · · · | >>   | 04 OCT 20      |                |
|                                       | A;   |                | Ä              |
|                                       | SS   | 20             | - Transmi      |
| (Use attachment if necessary)         | in c   | PH             | and the second |
| •                                     | <u> </u>   |                | S 2 i          |
| NOTE: An additional article mus       | st be added if an effective date is requested. 🚍 | -              | 744            |
| DECLURATE CLOSE ATTENT                | <del></del>                                      | o,             |                |
| REQUIRED SIGNATURE:                   | شـر  |                |                |

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.)

Liane Mooty
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)