

L04 0000 76322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

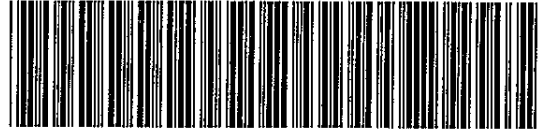
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200041723812

10/20/04--01055--004 \*\*125.00

CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

04 OCT 20 PM 1:16

FILED

10/21

Just

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WDS Investments, 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:

Liane Mooty

(Name of Person)

National Corporate Headquarters, Inc.

(Firm/Company)

350 S. Center St., Ste. 500

(Address)

Reno, NV 89501

(City/State and Zip Code)

For further information concerning this matter, please call:

Liane Mooty

(Name of Person)

at ( 775 ) 329-7721

(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 OCT 20 PM 1:16

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

WDS Investment, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

87 Live Oak Street

Niceville, FL 32578

#### Mailing Address:

87 Live Oak Street

Niceville, FL 32578

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

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

Business Filings Incorporated

Name

660 East Jefferson Street

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

Tallahassee FL 32301

City, State, and Zip

FILED  
04 OCT 20 PM 1:16  
TALLAHASSEE, FLORIDA

*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..*



Mark Schiff, AVP

Registered Agent's Signature

(CONTINUED)

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

SELMER, LAKEVIEW, FLORIDA;  
TALLAHASSEE, FLORIDA;

04 OCT 20 PM 1:16