

W4000076322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

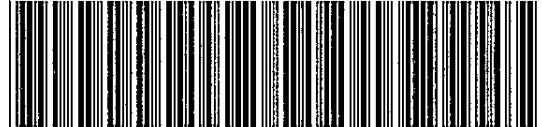
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04 NOV -5 PM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/05/04--011026--013 **25.00

W4-76322
AL

TO: Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FROM: Corporate Service Center, Inc.
350 S. Center Street, Suite 500
Reno, NV 89501-2114

DATE: Monday, November 01, 2004

SENT VIA USPS PRIORITY MAIL W/ PROOF OF DELIVERY

To Whom It May Concern:

Attached, please find the following document(s):

- Articles of Correction for **WDS Investment, LLC. Document file #L04000076322**

We have included payment in the amount of \$25.00 for the following fees:

- Filing fee
- Other: Please "File" stamp & return other provided copy
- Other:

If there are any questions, please call Liane Mooty at 800-638-2320, ext. 211.

When completed, please place documents in the postage paid return envelope.

RECEIVED BY STATE
TALLAHASSEE, FLORIDA

04 NOV - 5 PM 10:42

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**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
WDS Investment, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
The name of the Limited Liability Company is: WDS Investment, LLC.

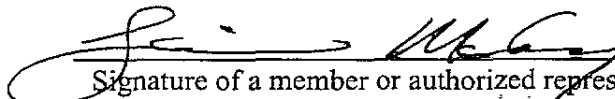
There was a typing error made.

The name of the Limited Liability Company is: WDS Investments, LLC

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:

Dated: November 1, 2004


Signature of a member or authorized representative of a member

Liane Mooty

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

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04 OCT 20 PM 1:17
SECRETARY OF STATE
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:

"MGRM" = Managing Member

Diane Shaffer

87 Live Oak Street

Niceville, FL 32578

MGRM

MGRM

William Shaffer

87 Live Oak Street

Niceville, FL 32578

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

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)

JAL LA HASSEE, FLORIDA

04 OCT 20 PM 1:17

10-10-68