

L05000020472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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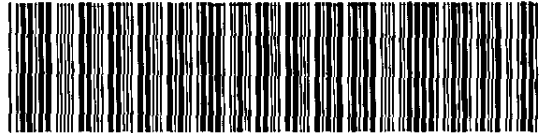
(Business Entity Name)

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L05-20472
OK



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 228418 4322918

AUTHORIZATION :

Patricia P. Smith

COST LIMIT : \$ 155.00

ORDER DATE : February 28, 2005

ORDER TIME : 11:02 AM

ORDER NO. : 228418-005

CUSTOMER NO: 4322918

CUSTOMER: Ms. Cindy Woolheater
Eckert Seamans Cherin &
Mellott, Llc
44th Floor
600 Grant Street
Pittsburgh, PA 15219

DOMESTIC FILING

NAME: WC VENTURES, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS: _____

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

WC VENTURES, LLC**ARTICLE II - Address:**

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

Principal Office Address:4417 Tamarack DriveSharpsville, PA 16150**Mailing Address:**4417 Tamarack DriveSharpsville, PA 16150**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Corporation Service CompanyName1201 Hays StreetFlorida street address (P.O. Box NOT acceptable)TallahasseeFLORIDA 32301City, State, and Zip

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..

Corporation Service Company

By: Cynthia L. Harris

Registered Agent's Signature

**Cynthia L. Harris
as its 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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Edward A. Wilson

4417 Tamarack Drive

Sahrpsville, PA 16150

MGR

Charles T. Cricks

760 W. Copeland Drive

Marco Island, FL 34145

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Cynthia L. Woolheater, authorized representative
 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.)

By: Cynthia L. Woolheater

Typed or printed name of signer

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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)