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2005 OCT 24 A 11: 27

SECRETARY OF STATE
TALLAHASSEE, FL 32304



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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT:

WILALITOK

(Name of Limited Liability Company)

2005 OCT 24 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
L.L.C.

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILFRED OSAGIE ALIU-OTOKITI

(Name of Person)

WILALITOK L.L.C. INVESTMENT L.L.C.

(Firm/Company)

1481 BLACKWOOD AVE

(Address)

GOtha FLORIDA 34934

(City/State and Zip Code)

For further information concerning this matter, please call:

WILFRED OSAGIE ALIU-OTOKITI at (407) 340 2367

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WILALITOK LLC INVESTMENT L.L.C
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1431 BLACKWOOD AVE.
GOtha FLORIDA
34734

1431 BLACKWOOD
GOtha FLORIDA
34734

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

WILFRED OSAGIE ALIU-OTOKITI
Name

1431 BLACKWOOD AVE
Florida street address (P.O. Box **NOT** acceptable)
GOtha FL 34734
City, 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, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

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WILFRED OSAGIE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

BELTOK GROUP Inc.

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

John O'Rourke
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.)

WILFRED OSAGIE ALLY-OTOKITI
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)