L 05000122532

(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:		
W05-48943		

Office Use Only



100060860771

111/24/05--01025--023 **125.00

SECREVIAL OF STA ALLAHASSEE, FLORI

DEC 27 PM 3: 5:



TRANSMITTAL LETTER

Division of Co.			
SUBJECT:	WIĽRICK INVESTM	IENT COMPANY, LLC	_*
		d Liability Company)	
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	* 	L. KENDRICK	
	(1	Name of Person)	
	WILRICK INVES	STMENT COMPANY, LLC	
	()	Firm/Company)	
	1302 N	E 191ST STREET, UNIT 129	5
		(Address)	
	MIAMI, FLORIDA	A 33179	
		State and Zip Code)	
For further information	concerning this matter, please	call:	
RICHARD L. KENDRICK a (Name of Person)		at (678) 464- (Area Code & Daytime Te	0150 Elephone Number)
Enclosed is a check for	r the following amount:		
Ø \$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)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 27, 2005

WILRICK INVESTMENT COMPANY, LLC RICHARD L. KENDRICK 1302 N.E. 191ST STREET, UNIT 125 MIAMI, FL 33179

SUBJECT: WILRICK INVESTMENT COMPANY, LLC

Ref. Number: W05000048943

We have received your document for WILRICK INVESTMENT COMPANY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Attached is a blank set of articles so that you can complete page 2 of 2 (Articles IV) again. All information must be legible in order to be processed properly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Letter Number: 105A00065124

Leslie Sellers Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability (Company is:
WILRICK INVESTMENT	COMPANY, LLC
ARTICLE II - Address: The mailing address and street add	ress of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1302 NE 191ST STREET, UNIT 125	1302 NE 191ST STREET, UNIT 125
MIAMI, FL. 33179	MIAMI, FL. 33179
	<u> </u>
The name and the Florida street add WA 2001 FI RIVII	Registered Office, & Registered Agent's Signature: dress of the registered agent are: AYNE M. RICHARDS Name BROADWAY, SUITE 101 orida street address (P.O. Box NOT acceptable) ERA BEACH, FL 33404 City, State, and Zip agent and to accept service of process for the above stated limited
liability company at the place de registered agent and agree to act in statutes relating to the proper and accept the obligations of my pos	agent and to accept service of process for the above stated limited esignated in this certificate, I hereby accept the appointment as a this capacity. I further agree to comply with the provisions of all discomplete performance of my duties, and I am familiar with and sition as registered agent as provided for in Chapter 608, F.S

(CONTINUED)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (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:** 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.) Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation

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

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)