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MILAHASSEE FLORIDA

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: WOF E	Interprises, LLC		
Jebse 1	(Name of Limite	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
William O.			<u> </u>
	(Name of Person)	
WOF Enter	prises, LLC		
		Firm/Company)	
305 Carria	ige Oak Place		=
<u> </u>		(Address)	
Seffner, F	lorida 33584-4743		
	(City	/State and Zip Code)	77.SF
For further information	concerning this matter, please	call:	OFEC 2
William O. Foelk	or	813 657-80/	
	of Person)	at (813) 657-894 (Area Code & Daytime To	9 FOR STATE 38
Enclosed is a check for	or the following amount:		% 3 × 3 × 3 × 3 × 3 × 3 × 3 × 3 × 3 × 3
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ns

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
WOF Enterprises, LLC	·
(Must end with the words "Limited Liability Company, "Limit	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
305 Carriage Oak Place	305 Carriage Oak Place
Seffner, Florida 33584-4743	Seffner, Florida 33584-4743
	AES 5
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	
The name and the Florida street address of the r	registered agent are: CONDATE 39
Kristin Pandolfi	_
Name	
2255 South Parkview Aven	ue
Florida street add	iress (P.O. Box NOT acceptable)
Orange City	FL 32763
City, State, a	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) Page 1 of 2

FILED

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGR	William O. Foelker			
	305 Carriage Oak Place			
	Seffner, Florida 33584-4743			
MGR	Mary Ann Foelker	-		
	305 Carriage Oak Place			05
	Seffner, Florida 33584-4743		—— ££)30
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(Use attachment if necessary)				
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)			ΓΙΟΝΑL) ess days p	rior
REQUIRED SIGNATURE:				
	7			

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.)

William O. Foelker

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)