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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
TALL ANASSEF FLORIDA

COVER LETTER

TO:	Registration So Division of Co				
Clim II	w 111 D	Construction L	LC		
SUBJE	CI: <u>00 0</u>	Construction La	d Liability Compa	my)	
The en	closed Articles o	of Organization and fee(s) are s	ubmitted for filing	. .	
		ondence concerning this matte	_		
	Willia	im Smith			
		(Name of Person)		
	WD	Construction L	LC		
	314 S	14 Fl. 32501			
			(Address)		
	Pensacol	4 Fl. 32501			
		(City	State and Zip Code	:)	
E su Eum	ele com los ficonoscosticos	concerning this matter, please	antl:		
W:	lliam S	mith roi Personi	at (\$50	346-98	547
	(Name	got Person)	(Area Cod	e & Daytime To	dephone Number)
Enclos	ed is a check fo	or the following amount:			
□ \$125	.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155,00 Fi		S160.00 Filing Tee, Certificate of Status &
			(additional copy		Certified Copy (additional copy (s enclosed)
		Mailing Address Registration Section		ourier Address on Section	<u>s</u>
		Division of Corporations	Division	of Corporation	115
		P.O. Box 6327 Tallahassee, FL 32314	Cliffon B 2661 Exe	milding ecutive Center	Circle
			Tallahass	ee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Compan	y is:
WD Construction 2LC, (Must end with the words "Limited Liability Company."	Limited Company" or their abbreviation "LLC," or "LC,")
ARTICLE II - Address:	he principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
314 South "L" St Pensacola, E1- 32501	314 S. "L" St fen. 55 cole, Fl. 32501
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of Diana Snit	
D , ==	et address (P.O. Box NOT acceptable)

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)

City, State, and Zip

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
"MGR"	William Smith	
	Pensacola, Fl. 32501	
"MGR"	Diana Smith	
	314 S. "L" St. Pensycola, Fl. 32501	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than	the date of filing: (OPTION	AL)
ARTICLE V: Effective date, if other than (If an effective date is listed, the date mu to or 90 days after the date of filing.)	ist be specific and cannot be more than five business da	AL) ıys priot
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(If an effective date is listed, the date mu to or 90 days after the date of filing.)	the date of filing: (OPTION ast be specific and cannot be more than five business date. A	AL) tys priot 06
(If an effective date is listed, the date mu to or 90 days after the date of filing.) REQUIRED SIGNATURE:	In the date of filing: (OPTION) ast be specific and cannot be more than five business date. SECRITARY Published the specific and cannot be more than five business date.	ys prior FILE
(If an effective date is listed, the date mu to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with	ember or an authorized representative of a member. th section 608.408(3), Florida Statutes, the execution	AL) sys prior FILED
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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)