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| Certified Copies | _ Certificates | of Status | | | | |
| Special Instructions to | Filing Officer: | | | | | |





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SECHETARY OF STATE

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COVER LETTER

| TO: | Registration Se Division of Co | | | | | | | |
|-----------------------------------|--|---|--|------|----------------------------------|--|--|--|
| SUBJECT: WWCM Investments, L.L.C. | | | | | | | | |
| | (Name of Limited Liability Company) | | | | | | | |
| The en | The enclosed Articles of Organization and fee(s) are submitted for filing. | | | | | | | |
| Please | Please return all correspondence concerning this matter to the following: | | | | | | | |
| | Wade Wilson | | | | | | | |
| | (Name of Person) | | | | | | | |
| | WWCM Investments, L.L.C. | | | | | | | |
| | (Firm/Company) | | | | | | | |
| | 1601 West Garden Street | | | | | | | |
| • | | | (Address) | | | | | |
| | Pensaco | la, FL 32501 | | | | | | |
| | (City/State and Zip Code) | | | | | | | |
| For fur | ther information | concerning this matter, please | call: | | | | | |
| Wad | Wade Wilson _{at (} 850 ₎ 438-1122 | | | | | 122 | | |
| | (Name of Person) (Area Code & Daytime Telephone Number) | | | | Celephone Number) | | | |
| Enclos | ed is a check fo | or the following amount: | | | | | | |
| \$125 | .00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | Certified | Copy | iling Fee & y 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 | | | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WWCM Investments, L.LC.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1601 West Garden Street Pensacola, FL 32501 1601 West Garden Street Pensacola, FL 32501

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

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

Wade Wilson Name 7616 Kiplng Street Florida Street Address

Pensacola, FL 32514 City, State, and Zip Code

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

(CONTINUED)

SECRETARY OF STATE

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Wade Wilson 7616 Kipling Street Pensacola, FL 32514

<u>M</u>

Cameron Michanowicz 8066 Castle Point Way Pensacola, FL 32506

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.)

Wade Wilson Name of Signee

SECRETHAY OF STATE TALLAHASSEE, FLORIDA

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