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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CCT: W2 Investments, LLC (Name of Limited Liability Company)	
The end	closed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
,	Brian J. Wolk (Name of Person)	
	W2 Investments, LLC	
	6 Cardinal Court	
	Crawfordville, FL 32327 (City/State and Zip Code)	
For furt	her information concerning this matter, please call:	
	Bian J. Wolk at (850) 841-761 55 (Area Code & Daytime Telephone Number)	
Enclos	ed is a check for the following amount:	أم
\$125	00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, \bigcup \bigcu	•
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
WZ Investments LLC (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:
1618 Mahan Center Blvd. Suite 104 Tallahassee, FL 32308 Tallahassee, FL 32308
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: Brian J. Wolk Name 1618 Mahan Center Blvd., Stefford Florida street address (P.O. Box NOT acceptable) Tallabarbee FL 32308 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

(CONTINUED) Page 1 of 2

gent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing The name and address of each Manager of the same and address of the same ad	ng Member(s): or Managing Member is as follows:
Title: "MGR" = Manager "MCRM" = Maragina Manager	Name and Address:
"MGRM" = Managing Member MGRM	Brian J. Wolk Volk Matan Center Blvd., Ste 104
MGRM	William R. Waters, Jr.
·	1618 Mahan Center Blud, Ste, 10 Tallabaselp, PL 32308
	TECRE JU
(Use attachment if necessary) RTICLE V: Effective date, if other than the date	· · · · · · · · · · · · · · · · · · ·
f an effective date is listed, the date must be spoor 90 days after the date of filing.)	ecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a number or	an authorized representative of a member.
of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.) To 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)