## LC600069752

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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07/12/06--01026--014 \*\*130.00

SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Se Division of Co			•	
SUBJECT:	(Name of Limite	Hents L d Liability Company)	LC	
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
	paniel McGo	Name of Barcon)		
	(	ivalite up' cison) -		
		(Firm/Company)		
	2 E. Sas	th St., Uni	+ 1049	
<b>~</b> \	0 =	(Address)		
00	lando, t	/State and Zip Code)		
	(===	, ,		
For further information	concerning this matter, please		06 TALI	
Danie	1 M. Gavan	2 407 42	(-126麗皇	T
(Name	of Person)	(Area Code & Daytime To	elephone Number)	3
Enclosed is a check fo	r the following amount:		E O P	n
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Fines Feet Certificate of fatus & 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 Tallahassee, FL 32301	ns	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
WM Investment	
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
202 E. South St. Unit 1049 Orlando, FL 32801	202 E. South St. Un: F 1049 Orlando, FL 32801
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:  TALLAH  AH  TALLAH  TALL

is:

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

The name and address of each Manag	ger or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member  MGRM  MGRM	Daniel McGowchey  202 E. South St. J UNIT 1049  Orlando FL 32801  Russell Woodham  1035 Camiston PL  Tonywood FL 32771
(Use attachment if necessary)	TALL AHA
TICLE V: Effective date, if other than the n effective date is listed, the date must b 90 days after the date of filing.)	e date of filing: (OPTHONATE)  the specific and cannot be more than five business, days prior  ORTHONATE  ORTHO
REQUIRED SIGNATURE:	
Signature of a member	er or an authorized representative of a member.
of this document const that the facts stated l	rction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)  Woodham  yped or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Orga	anization and Designation

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

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