

LD6000105799

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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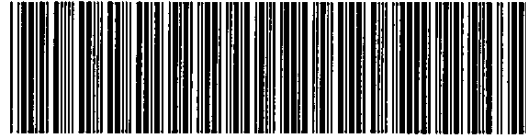
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WML, LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William M. Lafferty Jr

(Name of Person)

WML, LLC

(Firm/Company)

2410 W. Maya Palm Drive

(Address)

Boca Raton, FL 33432

(City/State and Zip Code)

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For further information concerning this matter, please call:

William M. Lafferty Jr

(Name of Person)

at (561) 212-6615

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 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 Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FAX AUDIT # _____

**ARTICLES OF ORGANIZATION
OF
WML, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **WML, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 2410 W. Maya Palm Drive , Boca Raton, Florida 33432.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: William Lafferty, Jr., 2410 W. Maya Palm Drive , Boca Raton, Florida 33432. Located in the County of Palm Beach

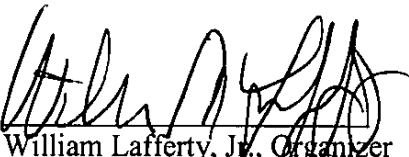
ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2046.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

William Lafferty, Jr., 2410 W. Maya Palm Drive , Boca Raton, Florida 33432



William Lafferty, Jr., Organizer
2410 W. Maya Palm Drive , Boca Raton, Florida 33432
561-212-6615

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FAX AUDIT # _____

FAX AUDIT # _____

CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **WML, LLC**

The name and address of the registered agent and office is William Lafferty, Jr., 2410 W.
Maya Palm Drive , Boca Raton, Florida 33432. Located in the County of Palm Beach.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature: _____

William Lafferty, Jr.

Date: _____

10/26/06

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