## 1000042887

| (Re                                     | equestor's Name)   |             |  |
|---|--------------------|-------------|--|
| (Address)                               |                    |             |  |
| (Ac                                     | ldress)            |             |  |
| (Ci                                     | ty/State/Zip/Phone | e #)        |  |
| PICK-UP                                 | WAIT               | MAIL MAIL   |  |
| (Bu                                     | usiness Entity Nar | me)         |  |
| (Document Number)                       |                    |             |  |
| Certified Copies                        | _ Certificates     | s of Status |  |
| Special Instructions to Filing Officer: |                    |             |  |
| ,<br>,                                  |                    |             |  |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Sec<br>Division of Cor |   | ·   |  |
|---|---|---|--|
| SUBJECT: <u>WB</u>                      |   | nents LLC<br>Liability Company)   | ·  |
| The enclosed Articles of                | Organization and fee(s) are su  | bmitted for filing.   |  |
| Please return all correspondent         | ondence concerning this matter  | to the following:   |  |
|   | ELLIOT  | S. Koolik<br>Name of Person)  |  |
|   | `   | Name of Person)  Toup Real Territory  Tim/Jompany)  | ty .   |
|   |   | Firm/Company)   |  |
| 2499                                    | Glades,   | Road Suit   | te 103   |
|   |   | (Address)   |  |
| Boca                                    | · Raton   | Floring State and Zip Code)   | 3343/  |
|   | (City/  | State and Zip Code)   |  |
| For further information                 | concerning this matter, please  | call:   |  |
| ELLIOTS                                 | King lik  | at (561) 393  | -9997  |
| (Name                                   | of Person)  | at ( <u>56</u> ) <u>393</u><br>(Area Code & Daytime Te  | elephone Number)   |
| Enclosed is a check for                 | or 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,<br>Certificate of Status &<br>Certified Copy<br>(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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ns<br>Circle   |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

| The name of the Limited Liability Company is:   |                                |
|---|--------------------------------|
| WBK 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 Comp  | oany is:                       |
| Principal Office Address: Mailing Address:  |                                |
| 2499 Glades RD Suite 103 2499 Clades Ro<br>Boca Raton, 71 3343/ Boca RATON, FL<br>334   | 1 St 103                       |
| 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.) | SE<br>SIVIC                    |
| The name and the Florida street address of the registered agent are:  | APR SCREET                     |
| Elliot S. Koolik  | FIL<br>PROPERTY<br>20          |
| 2499 6/Ades Rd Suite 103  | ED STALE ORPUSATION ORPUSATION |
| Florida street address (P.O. Box NOT acceptable)  Boca Ratow FL 3343/   | O TIONS                        |
| 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 eapacity. 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

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

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

| <u>Title:</u>                           | Name and Address:  |
|---|--|
| "MGR" = Manager                         |  |
| "MGRM" = Managing Member                | ,  |
| MGR                                     | Elliot S. Koolik<br>3203 Harrington Drive<br>Boom Known, JFL 33496   |
| <del></del>                             |  |
|   |  |
|   |  |
|   |  |
| (Use attachment if necessary)           |  |
|   | the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior                                       |
| REQUIRED SIGNATURE:                     |  |
| Signature of a me                       | mber or an authorized representative of a member.  |
| (In accordance with of this document of | h section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ted herein are true.) |
| E                                       | Typed or 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)