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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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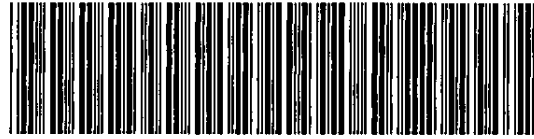
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUN 15 PM 12:51

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wesstel Enterprises, 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:

Anthony Wesselhoft

(Name of Person)

Wesstel Enterprises, LLC

(Firm/Company)

601 Pacific Grove Dr. Unit# 4

(Address)

West Palm Beach, Fl. 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony Wesselhoft

(Name of Person)

at (561) 296-8274

(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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Wesstel Enterprises, 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:

601 Pacific Grove Dr. Unit# 4

West Palm Beach, Fl. 33401

Mailing Address:

601 Pacific Grove Dr. Unit# 4

West Palm Beach, Fl. 33401

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:

Business Filings Incorporated
Name

1203 Governors Square Blvd. Ste. 101
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301-2960
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.

Mary G. Spalinger, Asst-Sec. for:
Registered Agent's Signature (REQUIRED)
Business Filings Incorporated

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM**Name and Address:**Anthony Wesselhoft601 Pacific Grove Dr. Unit# 4West Palm Beach, Fl. 33401

(Use attachment if necessary)

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07 JUN 15 PM 12:51**ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)****(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)****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.)

Anthony Wesselhoft_____
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)**