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| (Requestor's Name) | |
|---|---|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instrugtions to Filing Officer: | 1 |
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COVER LETTER

| TO: Registration Section Division of Corporations | 4.0 2 1 |
|---|--|
| SUBJECT: Wealth Management Realty | A, LLC (ability Company) nitted for filing. |
| SUBJECT: Vecanti Warrage Name of Limited Li | ability Company) |
| | 3 |
| The enclosed Articles of Organization and fee(s) are subm | nitted for filing. |
| Please return all correspondence concerning this matter to | the following: |
| Blake Hayward | |
| | ne of Person) |
| Hayward & Grant, P.A. | |
| | n/Company) |
| | . • |
| 2121-G Killarney Way | 4 |
| (| Address) |
| Tallahassee, FL 32309 | |
| (City/Sta | te and Zip Code) |
| For further information concerning this matter, please call | · |
| • | |
| Blake Haywardat (| |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: | |
| \$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & \$\sum \text{\$1}\$}\$ Certificate of Status | S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy 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 |

ARTICLES OF ORGANIZATION OF

WEALTH MANAGEMENT REALTY, LLC

ARTICLE I - NAME

TATION OF STORIES

The name of the limited liability company is WEALTH MANAGEMENT REALTY, LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

3653 Cagney Drive, Suite 202 Tallahassee, Florida 32309

3653 Cagney Drive, Suite 202 Tallahassee, Florida 32309

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Blake Hayward 2121-G Killarney Way Tallahassee, Florida 32309

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..

Blake Hayward

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Name and Address:

<u>Title</u>:
"MGR" = Manager

"MGMR" = Managing Member

MGR

William S. Horak

3653 Cagney Drive, Suite 202 Tallahassee, Florida 32309

MGR

Robert Knapton 3653 Cagney Drive, Suite 202 Tallahassee, Florida 32309

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.)

William S. Horak
Typed or printed name of signee