108000033313

(Re	questor's Name)		
(Ad	dress)	 	
(Ad	- Idress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		

Office Use Only



800128831558

05/09/08--01029--002 ++25.00

2008 MAY -9 AM 10: L SECRETARY OF STAI TALLAHASSEE. FLORI

T. CLINE

MAY 1 2 2008

EXAMINER

108-33313

COVER LETTER

TO: Registratio Division of	n Section Corporations					
SUBJECT: WTM	I Land, LLC					
	(Name	of Limited Liability Co	ompany)			
Dear Sir or Madam:						
The enclosed Article	es of Correction and fee(s)	are submitted for filing				
Please return all cor	respondence concerning thi	s matter to the following	og:			
Geraldine R. H	Holloway					
	(Name of Person)		_			
Attorney-at-Law						
	(Firm/Company)		_		•	
P.O. Box 7096						
P.O. BOX 7090	(Address)		_			
Tampa, FL 336	(City/State and Zip Code)		_	式 .	21	
				LL SECT	2008 MAY	erangta
For further informati	ion concerning this matter,	please call:		RETAR)		•
Geraldine R. Holl	oway_	at (813	238-8839	RY	-9	ground S server
(N	ame of Person)		& Daytime Telephone Number)	70F 3	H	
STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, Florida	ter Circle 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	STATE LORIDA	AM 10: 43	· Progress
Enclosed is a check	for the following amount	•				
☑ \$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy			

CR2E062 (08/05)

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST WTM La		The name of the limited liability company is:						
<u>SECO</u>	<u>ND</u> :	The articles of organization or the application to transac	t business					
(CH	ECK T	HE APPROPRIATE BOX AND COMPLETE THE APPI	LICABLE ST	ГАТЕМ	<u>IENT</u>			
V	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: 1. Mailing address is incorrect - should be 6800 Benjamin Road, Tampa, FL 33634							
	2. Addr	ress of registered agent is incorrect - should be 6800 Benjamin	Road, Tampa	ı, FL 336	34	_		
	3. Add	ress of MGRM is incorrect - should be 6800 Benjamin Road	, Tampa, FL	33634	····	_		
		····				_		
	<u>OR</u>							
	ly signe	d and	_					
						-		
					<u> </u>	-		
Dated:	May 7	20087		SECRETARY VLLAHASSEI	008 HAY -9	Miner with a large of the state		
		Signature of a member or authorized representative of	a member	OF S	R			
		Geraldine R. Holloway, Attorney for WTM Land, LLC		TATE ORID,	AM 10: 43			
		Typed or printed name of signee		محتنر				
		Filing Fee: \$25.00 Certified Copy: \$30.00 (option	ual)					

Electronic Articles of Organization For Florida Limited Liability Company

L08000033313 FILED 8:00 AM April 02, 2008 Sec. Of State gmcleod

Article I

The name of the Limited Liability Company is: WTM LAND, LLC

Article II

The street address of the principal office of the Limited Liability Company is: 6800 BENJAMIN ROAD TAMPA, FL. 33634

The mailing address of the Limited Liability Company is: 4709 W. CAYUGA ST.

TAMPA, FL. 33614

Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

Article IV

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

WILLIAM E TERLOP SR. 4709 W. CAYUGA ST. TAMPA, FL. 33614

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.

Registered Agent Signature: WILLIAM E. TERLOP, SR.

Article V

The name and address of managing members/managers are:

Title: MGRM WILLIAM E TERLOP SR. 4709 W. CAYUGA ST. TAMPA, FL. 33614 US

Signature of member or an authorized representative of a member Signature: WILLIAM E. TERLOP, SR.

L08000033313 FILED 8:00 AM April 02, 2008 Sec. Of State gmcleod