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(Requestor's Name)

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\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

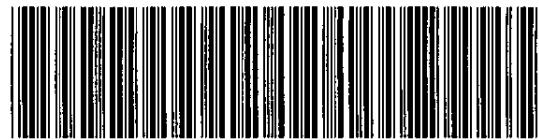
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
**FILED**

APR 10 2008

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

**SUBJECT: WFDD 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:

**Marie R Santana**

(Name of Person)

**WFDD Enterprises LLC.**

(Firm/Company)

**3916 SW 68th Ave**

(Address)

**Miramar, Florida 33023**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Marie R Santana**

(Name of Person)

at ( **786** ) **419-2066**

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 1, 2008

MARIE R. SANTANA  
3916 JASMINE AVENUE  
MIRAMAR, FL 33023

SUBJECT: WFD ENTERPRISES, LLC  
Ref. Number: W08000016788

We have received your document for WFD ENTERPRISES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 508A00019170

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**WFDD Enterprises LLC.**

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

**Principal Office Address:**

2121 NW 139th St Bay 19  
2131 NW 139th St Bay 19  
Opa-Locka, Florida 33054

**Mailing Address:**

2121 NW 139th St Bay 19  
Opa-Locka, Florida 33054

### 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:

Marie R Santana

Name

3916 SW 68th Ave

Florida street address (P.O. Box NOT acceptable)

Miramar, Florida 33023

City, State, and Zip

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TALLAHASSEE FLORIDA

**FILED**

*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..*

Marie R Santana

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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Michel J Mompoint

255-28 75th Ave

Glen Oaks, NY 11004

MGR

Jean Delille Joseph

138-45 228th St

Laurelton, NY 11413

MGRM

Marie R Santana

3916 SW 68th Ave

Miramar, Florida 33023

(Use attachment if necessary)

**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:**

Marie R. Santana

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.)

Marie R. Santana

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)**

**FILED**  
**08 APR 10 PM 3:23**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**