LU8000086834

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

Office Use Only



900135648119

09/12/08--01033--008 **160.00

DEPARTATIONS TALE OF CORPORATIONS TALL MIASSEE, FLORIDA

RECEIVED

B. KOHR SEP 1 2 2008

EXAMINER

SEP 12 PH 1: 1

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

What Box CCC	OB SEP 12 PM 1:35
-	Art of Inc. File LTD Partnership File Foreign Corp. File
	L.C. File
	RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy
	Photo Copy Certificate of Good Standing Certificate of Status Certificate of Fictitious Name
Signature	Corp Record Search Officer Search Fictitious Search Fictitious Owner Search
	Vehicle Search Driving Record UCC 1 or 3 File
Name $\frac{g/12}{Date} \frac{1/200}{Time}$	UCC 11 Search UCC 11 Retrieval

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I

The name of the limited liability company is:

WHAT BOX LLC

OB SEP 12 PM 1: 35

ARTICLE II

The mailing and street address of the Company's principal office is:

20270 Calice Court, #803 Estero, FL 33928

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 initial registered agent is:

SAMUEL S. WOLLARD 20270 Calice Court, #803 Estero, FL 33928

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 the 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:_

SAMUEL S. WOLLARD

ARTICLE V

The name and address of the managing members/managers are:

Title: Managing Member

SAMUEL S. WOLLARD 20270 Calice Court, #803 Estero, FL 33928

ARTICLE VI

The effective date for this Limited Liability Company shall be:

Upon filing with the Secretary of State.

Signature of member or an authorized representative of a member:

SAMUEL S. WOLLARD, Managing Member