

W090000 43607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

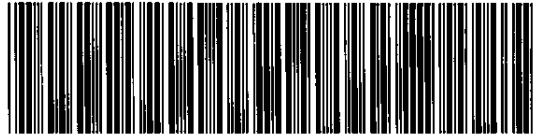
(Document Number)

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

Special Instructions to Filing Officer:

(3)

Office Use Only



400156276524

05/26/09--01016--011 \*\*30.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 MAY 26 AM 11:21

FILED

M. THOMAS

MAY 27 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WGT, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WARREN OAKES  
Name of Person

WGT, LLC  
Firm/Company

232 SE 1<sup>st</sup> ST  
Address

GAINESVILLE, FL 32601  
City/State and Zip Code

bocafiesta@gmail.com  
E-mail address: (to be used for future annual report notification)

FILED  
2009 MAY 26 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

WARREN OAKES at ( 352 ) 219-4129  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

**ARTICLES OF CORRECTION**

**FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

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

**FIRST:** The name of the limited liability company is: WGT, LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT**

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

MANAGING MEMBER "GEOFF HUMPHREYS"  
IS INCORRECTLY LISTED AS "GEOFFREY HUMPHRIES"  
AGAIN, THE CORRECT NAME SHOULD READ: GEOFF HUMPHREYS.

**OR**

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
2009 MAY 28 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated: 5/21/09/MAY 21<sup>ST</sup>, 2009.

Warren Oakes  
Signature of a member or authorized representative of a member

WARREN OAKES  
Typed or printed name of signee

**Filing Fee: \$25.00**  
**Certified Copy: \$30.00 (optional)**

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L09000043607  
FILED 8:00 AM  
May 05, 2009  
Sec. Of State  
ncausseaux

**Article I**

The name of the Limited Liability Company is:

WGJ, LLC

**Article II**

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

232 SE 1ST STREET  
GAINESVILLE, FL. 32601

The mailing address of the Limited Liability Company is:

232 SE 1ST STREET  
GAINESVILLE, FL. 32601

**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:

WARREN OAKES  
1704 NE 8TH STREET  
GAINESVILLE, FL. 32609

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: WARREN OAKES

FILED  
2009 MAY 26 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Article V**

The name and address of managing members/managers are:

Title: MGRM  
WARREN OAKES  
1704 NE 8TH STREET  
GAINESVILLE, FL. 32609

Title: MGRM  
JACOB IHDE  
904 NE 11TH TERRACE  
GAINESVILLE, FL. 32601

Title: MGRM  
GEOFFREY HUMPHRIES  
1017 NE 1ST AVENUE  
GAINESVILLE, FL. 32601

**Article VI**

The effective date for this Limited Liability Company shall be:

05/01/2009

Signature of member or an authorized representative of a member

Signature: WARREN OAKES

L09000043607  
FILED 8:00 AM  
May 05, 2009  
Sec. Of State  
ncausseaux

2009 MAY 26 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED