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S. HAWKES

SEP 1 5 2009

EXAMINER

# **COVER LETTER**

то:	Registration S Division of Co		
SUBJI	ECT:	WSS Ma	rketing Solutions LLC
		Name of Limite	ed Liability Company
The en	closed Articles of	of Organization and fee(s) are s	submitted for filing.
Please	return all corresp	condence concerning this matter	er to the following:
		Weld	don Scott Sheely
			Name of Person
		WSS Mar	rketing Solutions LLC
			Firm/Company
	····-	2306	NW 139th Ave
			Addices
			nrise,FL,33323 y/State and Zip Code
		/	eely1@gmail.com
•		E-mail address to be used for	or future annual report notification)
For fur	ther information	concerning this matter, please	call:
		Scott Sheely	at ( 954 ) 661-4880
	Name	of Person	Area Code & Daytime Telephone Number
Enclos	sed is a check for	or the following amount:	
<b>7</b> ]\$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status of (additional copy is enclosed)  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 FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Comp	Jany 18.
WSS Marke	ting Solutions LLC
(Must end with the words "Lim	ited Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
2306 NW 139th Ave	بن جن 2306 NW 139th Ave
Sunrise,FL,33323	Sunrise FL 33323
The name and the Florida street address Weld	of the registered agent are: on Scott Sheely
	Name
2306	NW 139th Ave
	ess (P.O. Box NOT acceptable)
Sunrise,FL,33	323 <sub>FL</sub>
City	, State, and Zip
liability company at the place designate registered agent and agree to act in this statutes relating to the proper and com	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S

(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:

		Name and Address:
"MGR" = Manager "MGRM" = Manag		
MGR	-	Weldon Scott Sheely 2306 NW 139th Ave Sunrise,FL,33323
	-	
	-	
	-	
(Use attachment if	necessary)	
	• ,	ate of filing: (OPTIONAL)
ICLE V: Effective dat effective date is listed	te, if other than the d	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior
ICLE V: Effective date of the	te, if other than the d d, the date must be s of filing.)	
ICLE V: Effective dat effective date is listed	te, if other than the d d, the date must be s of filing.)	
ICLE V: Effective date of the	te, if other than the d d, the date must be s e of filing.)	
ICLE V: Effective dat effective date is listed 90 days after the date <u>REQUIRED</u> SIGN	te, if other than the ded, the date must be so of filing.)  NATURE:	specific and cannot be more than five business days prior
ICLE V: Effective data a effective date is listed 90 days after the date REQUIRED SIGN	te, if other than the ded, the date must be set of filing.)  NATURE:  Light dan  ignature of a member	specific and cannot be more than five business days prior  Scott Sheet or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution on the penalties of perjury
ICLE V: Effective data effective date is listed 90 days after the date REQUIRED SIGN	te, if other than the ded, the date must be set of filing.)  NATURE:  Lacon ignature of a member of this document constituted the facts stated herei	specific and cannot be more than five business days prior  Scott Sheat  or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury in are true.)
ICLE V: Effective data a effective date is listed 90 days after the date REQUIRED SIGN	te, if other than the ded, the date must be set of filing.)  NATURE:  Ladon  ignature of a member of this document constituted that the facts stated herei	specific and cannot be more than five business days prior  Scott Sheet or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution on the penalties of perjury

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)