## L1000052834

(Requestor's Name)
(Address)
(Address)
•
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Effety Hame)
(Document Number)
(Socialistic Nambol)
Certified Copies Certificates of Status
3
Special Instructions to Filing Officer:
_
•

Office Use Only



800180181788

05/14/10--01027--016 \*\*130.00

10 MAY IL PH 2: 30
SEGRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: WSYC Co	HHCCTIONS, U.C.
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Yven Loo	Name of Person
	Firm/Company
14591 SW Z	65t.
Sarah Awila & E-mail address: (to be used)  For further information concerning this matter, plea	Address  Lida 33175  City/State and Zip Code  AOC COM  d for future annual report notification)
View Loo  Name of Person	at ( 305 ) 335-9562  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
□\$125.00 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Co	mpany is:	
(Must end with the words "L	Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street addres	s of the principal office of the Limited I	Liability Company is:
Principal Office Address:	Mailing Address:	
14591 SW 265 Midhi FC 33178	5	
	Registered Office, & Registered Agent ts own Registered Agent. You must designate an ind	
The name and the Florida street addre	ess of the registered agent are:	A Risk
YUCH LE	<b>^</b>	MAY _
1	Name	ASS ASS
14591 50	e) ze st	PA PED
Florid	da street address (P.O. Box NOT acceptable)	ST. 2:

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..

City, State, and Zip

Registered Agent's Signature (REOUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = <u>Manager</u> "MGRM" = Managing Member	Name and Address:
Juen Loo	14591 SW 2651 Miani, FC 33175
<del></del>	
(Use attachment if necessary)  RTICLE V: Effective date, if other than the fan effective date is listed, the date must learn 90 days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days price.
REQUIRED SIGNATURE:	TALLAHAS
*	SER PET
(In accordance with so	per or an authorized representative of a member. 70 cection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)
(In accordance with so of this document consthat the facts stated here.)	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows: