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Office Use Only



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COVER LETTER

TO:

Registration Section

| Division of Corporations |
|---|
| SUBJECT: W D&G INVEST MENT GROVP, 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: |
| WILFRED Diaz |
| WDEG Investment GROUP, LLC |
| 81201212 15/ too. |
| Miami Lakes F1. 33016 City/State and Zip Code |
| City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Clara B. Comez at 305 725-4948 Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □\$125.00 Filing Fee \$\bigcup \text{\$130.00 Filing Fee & Certificate of Status}\$\$ \text{\$\subset\$Certificate of Status}\$\$ \text{\$\subset\$Certified Copy (additional copy is enclosed)}\$\$ \text{\$\subset\$\$\$\$\$\$\$ Certified Copy (additional copy is enclosed)}\$\$ |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| (Must end with the words "Limi | estment GROVP, ited Liability Company, "L.L.C.," or "LLC.") | LLC |
|---|--|-----------------------|
| ARTICLE II - Address: The mailing address and street address o | of the principal office of the Limited I | Liability Company is: |
| Principal Office Address: | Mailing Address: | |
| WILFRED DIAZ | 8120 NW 156 terr m | r.Miamilakes Fi. 33 |
| ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) | | |
| The name and the Florida street address WILFRED | | ZOIO JIM -7 |
| | street address (P.O. Box NOT acceptable) Kes FL 33016 City, State, and Zip | PM 2: 46 |

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..

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR M (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:

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.)

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)