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T. HAMPTON DEC 1 5 2010

## **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT: WJ RE 1, LLC	
Name of Limited Liability Con	npany
The enclosed Articles of Organization and fee(s) are submitted for file	ling.
Please return all correspondence concerning this matter to the follow	ing:
Alicia Nutterfield	
Name of Person	
Aegis Council, LLC	
Firm/Company	
155 Cadillac Place	
Address	
Reno, NV 89509	
City/State and Zip C	ode
alicia@aegiscouncil.com  E-mail address: (to be used for future annual r	report notification)
For further information concerning this matter, please call:	
Alicia Nutterfield at (775	331-0404
	ode & Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certified (	Copy Siling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registration Section Regist Division of Corporations Divisi P.O. Box 6327 Cliftor Tallahassee, FL 32314 2661 I	/Courier Address ration Section on of Corporations n Building Executive Center Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
WJ RE 1, LLC	·
(Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
7807 41st Ct.	7807 41st Ct.
E. Sarasota, FL 34243	E. Sarasota, FL 34243
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the re-	cred Agent. You must designate an individual or another
Jean C. McAlvany Jone	98
Name	
7807 41st Ct.	
Florida street addi	ress (P.O. Box <u>NOT</u> acceptable)
E. Sarasota	FL 34243
City, Sta	tc, and Zip
liability company at the place designated in th	accept service of process for the above stated limited his 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

(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:

MOD		
MGR	Brinkby Management, LLC 7807 41st Ct.	
	E. Sarasota, FL 34243	
	L. Galasola,   L 34240	<del>_</del>
	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	
(Use attachment if nec	ary)	
LE V: Effective date, i	ner than the date of filing:	(OPTIONA)
ffective date is listed, the days after the date of	ate must be specific and cannot be more th	an five business days
•	37	
REQUIRED SIGNAT	RE:	

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Alicia Nutterfield, Organizer

Typed or printed name of signee

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)