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(Requestor's Name)
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EXAMINER

SECRETARY OF STATE

2011 FEB 28 M 单: 26

COVER LETTER

TO: Registration of	on Section Corporations		
SUBJECT: W.S.I			
	Name of Limite	d Liability Company	
The enclosed Article	es of Organization and fee(s) are s	ubmitted for filing.	
Please return all cor	respondence concerning this matte	er to the following:	
William S.	Murray III	Name of Person	
		Firm/Company	
4740 NE			
4710 NE	3rd Ave.	Address	
Fort Laude	rdale, Florida, 33334	/State and Zip Code	
wsm3@ea	·	75tate and 21p code	
<u> </u>		or future annual report notification)	
For further informat	ion concerning this matter, please	call:	
William S. Murra	ay III me of Person	at (954) 789-2211 Area Code & Daytime Telephone Number	
	k for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, The Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) (additional copy is enclosed)	Server Se
	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	3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compan	y is:
W.S.M.III LLC.	
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	he principal office of the Limited Liability Company is:
Ç	
Principal Office Address:	Mailing Address:
1710 NE 3rd. Ave.	4710 NE 3rd. Ave.
Fort Lauderdale, Florida	Fort Lauderdale, Florida
33334	33334
The name and the Florida street address of William S. Murray III	the registered agent are:
ŀ	VALUE
4710 NE 3rd. Ave.	22
Florida stre	et address (P.O. Box NOT acceptable)
Fort Lauderdale,	ret address (P.O. Box NOT acceptable) FL 33334 ty, State, and Zip
Ci	ty, State, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar without registered agent as provided for in Chapter 608, F.S
William S Registered Agent's 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:

"MGR" = Manager	
"MGRM" = Managing Member	
MGR	William S. Murray III
	4710 NE 3rd Ave
	Fort Lauderdale, Florida 33334
	
	
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(Use attachment if necessary)	్ స్ట్ ∾
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LEV: Effective date, if other than the date	ate of filing: (OPTIONA
ffective date is listed, the date must be s	pecific and cannot be more than five business day
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. 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.)

William S. Murray III

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)