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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2011 JUL 29 PM 1: 01
SECRETARY OF STATE

J. SAULSBERRY EXAMINER

AUG 4 2011

· COVER LETTER

Registration Section
Division of Corporations

TO:

is a	SUBJECT: WRC Management 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:		
	James P Blackman		
	Name of Person		
	WRC Management LLC		
	Firm/Company	_	
	123 Atlantic Boulevard	22	
	Address	=	
	Indian Harbour Beach, FL 32937 유표	2911 JUL 29	
	jim@allbackflowservices.com	9 PH	r
	E-mail address: (to be used for future annual report notification)		Ĺ
	For further information concerning this matter, please call:	l: 0.1	
	Jim Blackman at (321) 427-7677		
	Name of Person Area Code & Daytime Telephone Number		
	Enclosed is a check for the following amount:		
	\$125.00 Filing Fee \$\ Certificate of Status \$\ \text{Certified Copy} \text{(additional copy is enclosed)} \text{(additional copy is enclosed)} \text{(additional copy is enclosed)} \text{(additional copy is enclosed)} \qquad \qua		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations 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 Company is:		
WRC Management LLC		
(Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pr	rincipal office of the Limited Li	iability Company is:
Principal Office Address:	Mailing Address:	
123 Atlantic Bouleyard	123 Atlantic Boulevard	
Indian Harbour Beach, FL 32937	Indian Harbour Beach, FL 32	2937
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's tered Agent. You must designate an indiv	s Signature:
The name and the Florida street address of the re	egistered agent are:	2011 JUL 29 SECRETARY ALLAHASSE
James P Blackman		JUL 29 CRETARY AHASSEI
Name	-	29 ARY SSE
123 Atlantic Boule	evard	JUL 29 PH RETARY OF S HASSEE, FL
Florida street add	lress (P.O. Box NOT acceptable)	STA :
Indian Harbour Beach	_{FL} 32937	RIDE

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 (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:

"MGRM" = Managing Member	
MGR	James P Blackman
	123 Atlantic Boulevard
	Indian Harbour Beach, Fl 32937
	TAS T
	AIR
	RETAR
	SSR
	m _O
	O)
(Use attachment if necessary)	ORID
· · · · · · · · · · · · · · · · · · ·	Þ
CLE V: Effective date, if other than the	•
Hective date is listed, the date must b days after the date of filing.)	pe specific and cannot be more than five business day
days after the date of filing.)	
REQUIRED SIGNATURE:	
	John

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

James P Blackman

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee

constitutes a third degree felony as provided for in s.817.155, F.S.)