

L11000127928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

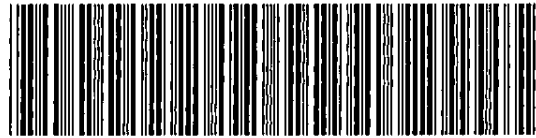
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

B. KOHR
NOV 10 2011
EXAMINER



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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 NOV -9 PM 4: 15
SO. RECEIVED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV -9 PM 4: 20

Bassett Consulting, LLC
"Specializing in Regulatory Compliance & Registration"



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV -9 PM 4:20

November 8, 2011

Florida Dept. of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**RE: Florida Limited Liability Company Filing
WV Universal Management, LLC**

To Whom It May Concern:

Our company represents our client **WV Universal Management, LLC** in matters of state regulatory compliance.

Attached is a Florida limited liability company filing and check for \$130.00 for the required filing fee and a certificate of status. This request comes through us from **Valbona Toska**, Managing Member and who can be contacted at (407) 620-5056.

Our company appreciates your expeditious service and assistance. You may contact me directly if you have any questions in this regard.

Sincerely,
Bill Bassett

Bill Bassett
Senior Regulatory Consultant
Director of Marketing & Development
Email: Bill@ConsultBassett.com
Fax: (850) 926-3155

Att.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WV UNIVERSAL MANAGEMENT

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:

BILL BASSETT

Name of Person

BASSETT CONSULTING, LLC

Firm/Company

52 BUNTING DRIVE

Address

CRAWFORDVILLE, FL 32327

City/State and Zip Code

STAFF@CONSULTBASSETT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BILL BASSETT

Name of Person

at (850) 926 - 8811

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 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

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DIVISION OF CORPORATIONS
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WV UNIVERSAL MANAGEMENT, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1265 SOUTH SEMORAN BLVD., SUITE 1250

WINTERPARK, FL 32792

Mailing Address:

1265 SOUTH SEMORAN BLVD., SUITE 1250

WINTERPARK, FL 32792

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

BASSETT CONSULTING, LLC

Name

52 BUNTING DRIVE

Florida street address (P.O. Box **NOT** acceptable)

CRAWFORDVILLE FL 32327

City, State, and Zip

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..

Eliza P. Bassett

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATIONS
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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

VALBONA TOSKA

383 EMERSON PLAZA, UNIT 416

ALTAMONTE SPRINGS, FL 32701

MGRM

WILLY PLANCHER

383 EMERSON PLAZA, UNIT 416

ALTAMONTE SPRINGS, FL 32701

(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. 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.)

VALBONA TOSKA

Typed or printed name of signer

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)