

# L12000139295

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

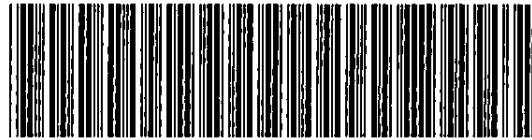
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

WITERx LLC

Signature \_\_\_\_\_

Requested by: SETH

10/31/12

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_ Art of Inc. File \_\_\_\_\_

\_\_\_\_ LTD Partnership File \_\_\_\_\_

\_\_\_\_ Foreign Corp. File \_\_\_\_\_

\_\_\_\_ L.C. File \_\_\_\_\_

\_\_\_\_ Fictitious Name File \_\_\_\_\_

\_\_\_\_ Trade/Service Mark \_\_\_\_\_

\_\_\_\_ Merger File \_\_\_\_\_

\_\_\_\_ Art. of Amend. File \_\_\_\_\_

\_\_\_\_ RA Resignation \_\_\_\_\_

\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_

\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_



\_\_\_\_ Cert. Copy \_\_\_\_\_

\_\_\_\_ Photo Copy \_\_\_\_\_

\_\_\_\_ Certificate of Good Standing \_\_\_\_\_

\_\_\_\_ Certificate of Status \_\_\_\_\_

\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_

\_\_\_\_ Corp Record Search \_\_\_\_\_

\_\_\_\_ Officer Search \_\_\_\_\_

\_\_\_\_ Fictitious Search \_\_\_\_\_

\_\_\_\_ Fictitious Owner Search \_\_\_\_\_

\_\_\_\_ Vehicle Search \_\_\_\_\_

\_\_\_\_ Driving Record \_\_\_\_\_

\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_

\_\_\_\_ UCC 11 Search \_\_\_\_\_

\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_

\_\_\_\_ Courier \_\_\_\_\_

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**ARTICLES OF ORGANIZATION OF**

**WITERx LLC**

**A FLORIDA**

**LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certify that:

**ARTICLE I**

**Name:**

The name of the Limited Liability Company is:

**WITERx LLC**

**ARTICLE II**

**Address:**

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

**601 N. Congress Avenue, Suite 301  
Delray Beach, FL 33445**

**ARTICLE III**

**Duration:**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV**

**Management:**

The Limited Liability Company is to be managed by the members. The name and address of the initial managing member is:

**MARTIN GINIGER  
601 N. Congress Avenue, Suite 301  
Delray Beach, FL 33445**

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**ARTICLE V**

**Admission of Additional Members:**

The members shall have the right to admit additional members only upon the unanimous consent of all members.

**ARTICLE VI**

**Members Rights to Continue Business:**

The remaining members of the limited liability company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company, but neither the estate of any member, nor any member's heir, beneficiary or devisee shall become a member without the unanimous consent of all members.

**ARTICLE VII**

**Regulations**

Any Regulations (as defined in Section 608.402(13) of the Act), relating to this Limited Liability Company must be in writing and signed by all of the Members.

**ARTICLE VIII**

**Designation of Registered Agent**

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

**DAVID A. BEALE  
DAVID A. BEALE, P.A.  
55 S.E. 2<sup>nd</sup> Avenue, Suite 301  
Delray Beach, FL 33444**

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 30<sup>TH</sup> day of October, 2012. In accordance with Section 608.408(3), Florida Statutes, the execution of the above constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_  
**DAVID A. BEALE**

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ATTORNEY & AUTHORIZED REPRESENTATIVE

**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND  
REGISTERED AGENT IN THE STATE OF FLORIDA.**

1. The name of the Limited Liability Company is:

**WITERx LLC**

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

**DAVID A. BEALE  
DAVID A. BEALE, P.A.  
55 S.E. 2<sup>nd</sup> Avenue, Suite 301  
Delray Beach, FL 33444**

*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.*



**DAVID A. BEALE**

October 30, 2012

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