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Division of Corporations  
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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : HUBCO  
Account Number : 104662003400  
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Fax Number : (516)935-3088

Resubmit  
2/19

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
WP Pro Business LLC

Certificate of Status	1
Certified Copy	0
Page Count	02 03
Estimated Charge	\$130.00

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2/18/2013 8:45:23 AM PAGE 1/001 Fax Server



February 18, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HUBCO

SUBJECT: WF PRO BUSINESS LLC  
REF: W13000009647

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted is incomplete, missing the last page.,

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly  
Regulatory Specialist II

FAX And. #: H13000037070  
Letter Number: 113A00009878

P.O BOX 632/- Tallahassee, Florida 32314

H13000037070

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **WP Pro Business LLC**

ARTICLE II - Address

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

Principal Office Address:

4023 Bell Avenue

Sarasota, FL 34231

Mailing Address:

4023 Bell Avenue

Sarasota, FL 34231

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13 FEB 19 AM 8:13  
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TALLAHASSEE, FLORIDA

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

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

Laura A. Plum

Name

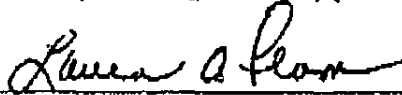
1800 Second Street, Ste 745

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Sarasota, FL 34236

(City / State / 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.*



Registered Agent's Signature - Laura A. Plum

H13000037070

**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

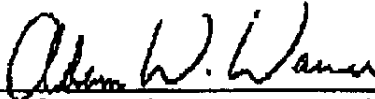
**Name and Address:**

MGRM

Adam W. Warner - 4023 Bell Avenue Sarasota, FL 34231

(Use attachment if necessary)

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
Signature of a member or 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.)

Adam W. Warner

\_\_\_\_\_  
Typed or printed name of signer