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(Re	equestor's Name)	,
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	·
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Office Use Only

EFFECTIVE DATE 11/01/13



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D. BRUCE

COVER LETTER

TO:

Registration Section
Division of Corporations

WGNR INVESTMENT GROUP, LLC

SUBJECT:

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:

SUSAN	LAROSE		
· · · · · · · · · · · · · · · · · · ·		Name of Person	
		Firm/Company	
1009 N	TOWN & RIV	/ER DRIVE	Pot Co
		Address	8
FORT I	MYERS, FL 3	33919-5915	2019 OCT 30
SLAROS	SE@CENTURY		
	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, please	call:	
SUSAN LA	AROSE	_{at} 239 910-26	326
Name	of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check f	or 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 C	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
WOND IN FORMAL ORDER	
WGNR INVESTMENT GROUP, LLC (Must end with the words "Limited Liability or the words "Liability or the words "Limited Liability or the words "Liability or the words "	ty Company "LLC" or "LLC"
(Must the Will the Words Emilied Elabin	ty Company, E.E.C., or EEC.)
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1009 N TOWN & RIVER DRIVE	1009 N TOWN & RIVER DRIVE
FORT MYERS, FL 33919-5915	FORT MYERS, FL 33919-5915
V Marie and the second	
FORT MYERS	egistered agent are:
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity all statutes relating to the proper and complete and accept the obligations of my position as registered Agent's Signature. Registered Agent's Signature.	ccept service of process for the above stated limited also certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with distered agent as provided for in Chapter 608, F.S
(CONTINU	J ED)

Page 1 of 2

EFFECTIVE DATE 11/01/13

	= Manager " = Managing Member	Name and Address:	
MGRM		SUSAN LAROSE	
		1009 N TOWN & RIVER DRIVE	-
		FORT MYERS, FL 33919-5915	-
			- -
			- - -
			_
CLE V: E		the date of filing: (OPTIC	
CLE V: E effective (to or 90 da	ffective date, if other than t	ust be specific and cannot be more than five bu	
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