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Florida Department of State

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FLORIDA LIMITED LIABILITY CO.

WPN Property Holdings, LLC

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FAX AUDIT # H130002532433

**ARTICLES OF ORGANIZATION
OF
WPN Property Holdings, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: WPN Property Holdings, LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
3420 Fairlane Farms Road Suite 200, Wellington, Florida 33414.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: William McMillen, 22107 Martella Ave,
Boca Raton, Florida 33433. Located in the County of Palm Beach.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the managing members and the
names and addresses of the members of the Limited Liability Company are:
Gary Shapiro, 3420 Fairlane Farms Road Suite 200, Wellington, Florida 33414



Date: November 12, 2013

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,
WI 53717

608-827-5300

FAX AUDIT # H130002532433

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CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE
UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: WPN Property Holdings, LLC

The name and address of the registered agent and office is William McMillen, 22107 Martella Ave,
Boca Raton, Florida 33433. Located in the County of Palm Beach.

Having been named as registered agent and to accept service of process for the above stated
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.

Signature:


William McMillen

Date:

11/13/13

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