

L13000162269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

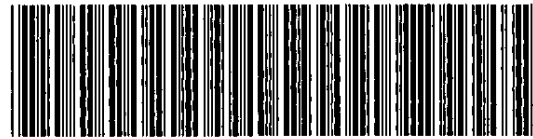
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/18/13--01044--018 **155.00

EFFECTIVE DATE 11-14-13

Section of
TALLAHASSEE, FLOR.

2013 NOV 18 PM 2:46

B. BOSTICK

NOV 19 2013

EXAMINER

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wamser Investments, LLC
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:

Shirley J. Huntemann, Paralegal

Name of Person

Godfrey & Kahn, S.C.

Firm/Company

780 North Water Street

Address

Milwaukee, WI 53202-3590

City/State and Zip Code

shuntemann@gklaw.com

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

For further information concerning this matter, please call:

Shirley Huntemann

Name of Person

at (**414**) **273-3500**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2013 NOV 18 PM 2:16
SHIRLEY J. HUNTEMANN
TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wamser Investments, 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:

11300 US Highway One, Suite 401
Palm Beach Gardens, FL 33408

Mailing Address:

11300 US Highway One, Suite 401
Palm Beach Gardens, FL 33408

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:

Frank T. Pilotte

Name

11300 US Highway One, Suite 401

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

Palm Beach Gardens FL 33408

City, State, and Zip

2018 NOV 18 PM 2:46
FALLA ASSOCIATES, P.A.
TALLAHASSEE, FLORIDA

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 (REQUIRED)

(CONTINUED)

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:

MGR _____

Peter M. Sommerhauser, Godfrey & Kahn SC

780 N Water Street

Milwaukee, WI 53202-3590

MGR _____

Frank T. Pilotte

11300 US Highway One, Suite 401

Palm Beach Gardens, FL 33408

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/14/13. (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.)

Frank T. Pilotte, Manager, Authorized agent

Typed or printed name of signee

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)