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COVER LETTER

TO:

Registration Section
Division of Corporations

WC Escrow Group, 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:

John A. Jenkins Name of Person Firm/Company 8259 North Military Trail, Suite 11 Palm Beach Gardens, FL 33410-6352 City/State and Zip Code john@jenkinsappraisal.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John A. Jenkins Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: □ \$160.00 Filing Fee ■\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: WC Escrow Group, 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: **Mailing Address:** 8259 North Military Trail, Suite 11 8259 North Military Trail, Suite 11 Palm Beach Gardens, FL 33410-6352 Palm Beach Gardens, FL 33410-6352 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: John A. Jenkins Name 8259 North Military Trail, Suite 11 Florida street address (P.O. Box NOT acceptable) 33410-6352 Palm Beach Gardens City, State, and 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..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGR	John A. Jenkins	
	8259 North Military Trail, Suite 11 Palm Beach Gardens, FL 33410-63	52
		
		
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		F.C. C.
		- 50.
(Use attachment if necessary)		4: 33 (bally)
LE V: Effective date, if other than the	e date of filing: December 1, 2013	(OPTIONAL)

ARTICLE V: Effective date, if other than the date of filing: December 1, 2013 (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.)

John A. Jenkins

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)