## L14000004453

Office Use Only



200253536142

01/07/14--01005--006 \*\*125.00



ETOS 6.0 MAL SIEVLIE L

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

n	•	The state of the s	, , , ,
ARTICLE I - Name:			•
The name of the Limited	Liability Company is:		
	zamenney company nor		
WJG Enterprises, LLC			
(Must end w	ith the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")	<u></u>
ARTICLE II - Address:			
The mailing address and s	street address of the pri	ncipal office of the Limited	Liability Company is:
D ' ' 1000 A 11		Molling Address	
Principal Office Addres	<u>s:</u>	Mailing Address:	
2441 Lorna Drive		2441 Lorna Drive	
Melbourne, FL 32935		Melbourne, FL 32935	
		Office, & Registered Agen	
		red Agent. You must designate an ind	lividual or another
business entity with an active Flo	orida registration.)		
The name and the Florida	street address of the re	gistered agent are:	
Wanda J Garra			
	Name		25
2441 L	2441 Lorna Drive		
		ess (P.O. Box NOT acceptable)	
	Melbourne	32935	77
		e, and Zip	$\frac{1}{2}$ , $\frac{1}{5}$
	City, Star	e, and Zip	
Having been named as re	egistered agent and to a	ccept service of process for t	he above stated limited
		is certificate, I hereby accep	
registered agent and ag	ree to act in this capaci	y. I further agree to comply	with the provisions of
all statutes relating to t	he proper and complete	performance of my duties, a	nd I am familiar with
and accept the obligatio	ns of my position as reg	istered agent as provided for	in Chapter 608, F.S
	٠.	,	
	11/and &	1111	
	Wandy L Registered Agent's Signatu	m (DECUIDED)	
	Registered Agent's Signatu	re (KEQUIKED)	

(CONTINUED)

Page 1 of 2

## 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" =		Name and Address:	
"MGKM"	' = Managing Member		
MGR		Wanda J Garra	
		2441 Lorna Drive	
		Melbourne, FL 32935	
(Use attac	chment if necessary)		
		ate of filing:	
	ate is listed, the date must lys after the date of filing.)	pe specific and cannot be more than	ı five business days
<b>F</b> ,	, <b>g</b> ,		- same
DECLUDED SIGNATUDE.			And the state of t
REQUIRED SIGNATURE:			
	; /	1001	-
	Wa	uda Lava	
	Signature of a member of	or an authorized representative of a memb	er.
	<ul> <li>constitutes an affirmation under the</li> </ul>	08(3), Florida Statutes, the execution of this can penalties of perjury that the facts stated her tion submitted in a document to the Departmes provided for in s.817.155, F.S.)	locument ein are true.
	Wanda J Garra Type	ANDA J GARRA ed 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)