

L14000016087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

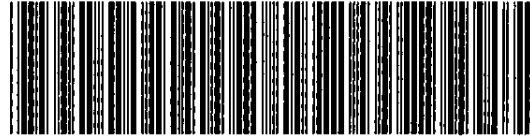
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SOUTH FLORIDA  
TALLAHASSEE, FLORIDA

N. Gulligan JAN 30 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: W 9 W CONSULTANT SERVICES, Ltd., Co  
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:

BARBARA WROCH  
Name of Person

W 9 W CONSULTANT SERVICES, Ltd., Co.  
Firm/Company

21521 MARLIN AVE  
Address

PANAMA City BEACH, FL 32413  
City/State and Zip Code

daomedispa@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA WROCH at ( 914 ) 263-5250  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for 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 Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 9, 2014

BARBARA WOROCH  
21521 MARLIN AVENUE  
PANAMA CITY BEACH, FL 32413

SUBJECT: W & W CONSULTANT SERVICES, LTD. CO  
Ref. Number: W14000001648

We have received your document for W & W CONSULTANT SERVICES, LTD. CO and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 814A00000571

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

W + W CONSULTANT SERVICES 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:**

LUBOMYR WOROCH  
\_\_\_\_\_  
\_\_\_\_\_

**Mailing Address:**

21521 MARLIN AVE  
PANAMA CITY BEACH, FL  
32413

**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:

Registered Agents Inc.

Name

3030 N. Rocky Point Dr. STE 150A

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

Tampa

FL 33607

City, State, and Zip

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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 605 F.S..*



Dan Keen-President

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

BARBARA WUROCH  
21521 MARLIN AVE  
PANAMA CITY BEACH, FL 32413.

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1 JAN 2014 (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

BARBARA WUROCH

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)

STATE OF FLORIDA  
DEPARTMENT OF STATE

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