L140000 53879

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03/31/14--01045--011 **130.00

Effective Date 3/24/14

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APR - 2 2013 T. **HAMPTON**

COVER LETTER

	gistration Section rision of Corporations		
SUBJECT:	W.C.L	HECK L.L.C. nited Liability Company	**
	Name of Lif	miled Diability Company	
The enclosed	d Articles of Organization and fee(s) a	re submitted for filing.	
Please return	all correspondence concerning this m	natter to the following:	
_	MGR M	ARIELLA HENDRICKS Name of Person	
		Name of Ferson	
_	W	CHECK L.L.C. Firm/Company	
			
-	1658	ROSEDOWNE WAY Address	
		. 1041. 300	
-		APOPKA, FL 32703 City/State and Zip Code	
<u> </u>	Cincil additions (to be see	d for future annual report notifica	
For further i	nformation concerning this matter, ple		mon)
roi turtier ii	mormation concerning this matter, pre-	ase can.	
MARIELLA	Name of Person	407) 666-8170 Area Code Daytime Tel	lephone Number
Enclosed is a	a check for the following amount:		
l \$ 125.00 Fili	ng Fee \$\overline{\mathbb{Z}\$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	Street/Courier Add	ress
	Registration Section Division of Corporations	Registration Section Division of Corporat	ions
	P.O. Box 6327	Clifton Building	er Circle

Tallahassee, FL 32301

Effective Date 3/16/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
W	CHECK L.L.C.
(Must end with the words "I.	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1658 ROSEDOWNE WAY APOPKA. FL 32703	
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as i another business entity with an active Florida reg	ts own Registered Agent. You must designate an individual or
The name and the Florida street address of the reg	gistered agent are:
ROBE	RTO COTTO
	Name
	ITING PLACE
Florida street address (P.	O. Box NOT acceptable)
ORLANDO	FL 32825
City	Zip
the place designated in this certificate, I hereby capacity. I further agree to comply with the provof my duties, and I am familiar with and accept	recept service of process for the above stated limited liability company at a specific accept the appointment as registered agent and agree to act in this visions of all statutes relating to the proper and complete performance the obligations of my position as registered agent as provided for in Chapter 605, F.S
(CON	NTINUED)

(CONTINUED)

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Title:		Name and Address:
	' = Authorized Member = Manager	
	- Wanagei	AUGUSTO C. TORRES
WOIL		1658 ROSEDOWNE WAY
		APOPKA, FL 32703
MGR		MARIELLA HENDRICKS
<u></u>		1658 ROSEDOWNE WAY
		APOPKA, FL 32703
E V: Efi	echment if necessary) ective date, if other than	the date of filing: (OPTIONAL)
LE V: Eff fective da of filing.)	ective date, if other than te is listed, the date mu	the date of filing: <u>03/26/2014</u> . (OPTIONAL) st be specific and cannot be more than five business days prior to or 9
LE V: Eff fective da of filing.) LE VI: Ot	ective date, if other than te is listed, the date muther provisions, if any. RED SIGNATURE:	st be specific and cannot be more than five business days prior to or
LE V: Eff fective da of filing.) LE VI: Ot	ective date, if other than te is listed, the date muther provisions, if any. RED SIGNATURE:	st be specific and cannot be more than five business days prior to or
LE V: Eff fective da of filing.) LE VI: Ot	ective date, if other than te is listed, the date muther provisions, if any. RED SIGNATURE: Signature (In accordance with se	of a member or an authorized representative of a member.
LE V: Eff fective da of filing.) LE VI: Ot	her provisions, if any. RED SIGNATURE: Signature (In accordance with seconstitutes an affirmat	of a member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true.
LE V: Eff fective da of filing.) LE VI: Ot	her provisions, if any. RED SIGNATURE: Signature (In accordance with seconstitutes an affirmat I am aware that any fa	of a member or an authorized representative of a member.
LE V: Eff fective da of filing.) LE VI: Ot	her provisions, if any. RED SIGNATURE: Signature (In accordance with seconstitutes an affirmat I am aware that any faconstitutes a third degree	of a member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. lse information submitted in a document to the Department of State

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

ARTICLE IV-

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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)

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