Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number: J20010000112 Phone : (302)575-0875 Fax Number : (302)575-1642

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO.

Whatley Capital Investments of Florida, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

B. BOSTICK

APR 10 2014

FXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name: The name of the Limited Liability Company is: Whatley Capital Investments of Florida, 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:

10492 Courtney Drive

PO Box 1114

Fairfax, VA 22030

Fairfax, VA 22038

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 Plotida street address of the registered agent are:

AGENTS AND CORPORATIONS INC.

300 FIFTH AVENUE SOUTH SUITE 101-330 Florida street address (P.O. Box NOT acceptable)

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.

Agents and Corporations, Inc.

John L. Williams - President

(CONTINUED)

Page Lof 2

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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.) Dana Rock 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)	Title: "AMBR" + Authorized Member "MGR" + Manager	Name and Address:	
MGR DANA ROCK -PO-BOX-114 -FAIRKAX, VA-22038 MGR CHRISTOPHER CAIN PO BOX 201840 AUSTIN, TX 78720 MGR REESE BRUBCHNER PO BOX 201840 AUSTIN, TX 78720 V: Effective date, if other than the date of filing: (OPTIONAL) ive date is listed, the date must be specific and cannot be more than five business days prior to or 90 dailing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statues, the execution of this documer 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.) Dana Rock Typed or printed name of signee Filing Fees: S125.00 Filling Fee for Articles of Organization and Designation of Registered Agent 30.00 Certified Copy (Optional) 5.00 Certified Copy (Optional)	AMBR		
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850-617-6381

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April 9, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

AGENTS AND CORPORATIONS, INC.

SUBJECT: WEATLEY CAPITAL INVESTMENTS OF FLORIDA, LLC

REF: W14000022531

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain both the street address of the principal office and the mailing address of the entity.

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.

Barbara Bostick Regulatory Specialist II FAX Aud. #: H14000084086 Letter Number: 414A00007581

RECEIVED

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SECKETATY OF STATE AND A STATE