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S. YOUNG

COVER LETTER

TO:	Registration Division of C	Section Corporations		
SUBJE	CT: <u>WNGT</u> I		nited Liability Company	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	74 SECT.
	Tara Ede	elstein		
			Name of Person	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		,	Firm/Company	in the second
	2123 NW	/ 14th Ave	Address	- w
	Gainesvil	le. FL 32605	City/State and Zip Code	
_WI	othlic@gmail	.com E-mail address: (to be use	d for future annual report noti	fication)
For furt	her information	n concerning this matter, plea	•	
Tara E	delstein Nam	at (;		Telephone Number
Enclose	ed is a check for	r the following amount:		
□ \$125.0¢	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed	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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
WNGTH, 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 o	ffice of the Limited Liability Company is	is:		
Principal Office Address:	Mailing Address:			
2123 NW 14th Ave	2123 NW 14th Ave			
Gainesville, FL 32605	Gainesville, FL 32605			
(The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio The name and the Florida street address of the registered	n.)			
Tara Edelstein				
Name				
2122 NIM 14th Ava				
2123 NW 14th Ave Florida street address (P.O. Box	(NOT acceptable)			
Gainesville	FL 32605			
City	Zip			
Having been named as registered agent and to accept set the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob-	t the appointment as registered agent and of all statutes relating to the proper and of	d agree to complete	act in perfor	this mance
		126		
Hegistered Agent's Signa	ture (REQUIRED)		22.	77
(CONTINU	ED)	····.	un Un	
Page 1 of 2		•		;
			요 응	

<u>Title:</u> "AMBR" = Authorized Mer	mhar	Name and Address:	
"AMBK" = Authorized Mei "MGR" = Manager	moer		
MGR		Tara Edelstein	
		2123 NW 14th Ave	
		Gainesville, FL 32605	
(Use attachment if necessary	y)		
	41	g: (OPT	TONIAL
ective date is listed, the dat of filling.) E VI: Other provisions, if an	e must be specific an	id cannot be more than five business days	s prior to or 9
of filing.)	e must be specific an	id cannot be more than five business days	prior to or 9
of filing.)	y.	id cannot be more than five business days	prior to or 9
Filing.) E VI: Other provisions, if an example of filing.) REQUIRED SIGNATURE Signa (In accordance we constitutes an affiliam aware that as	e must be specific and by. E: iture of a member of ith section 605.0203 remation under the penny false information:	r an authorized representative of a memi (1) (b), Florida Statutes, the execution of the malties of perjury that the facts stated herein submitted in a document to the Department ovided for in s.817.155, F.S.)	ber. is document are true.
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