114000090308

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400260858744

06/05/14--01003--001 **155.00

THE JUNI -1 PH 3 OF FILLING

EFFECTIVE DATE

TILED

14 JUN -4 PM 3: 07

SECRETARY OF STATE

JUN - 5 2014

T. BROWN

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 7222-1173

FILING COVER SHE	ET		·
CONTACT:	SAVA	NNAH DEBOER	
DATE:	06/04	/2014	
REF. #:	77484	12,9166559	
CORP. NAME:	WEC 9	9-7 LLC WARD WELKE PRISM VENTU	RE PARTNERS
() ARTICLES OF INCORPORA	TION	() ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION
() ANNUAL REPORT ,		() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME
() FOREIGN QUALIFICATION	ı	() LIMITED PARTNERSHIP	(XX) LIMITED LIABILITY
() REINSTATEMENT		() MERGER	() WITHDRAWAL
() CERTIFICATE OF CANCELL	ATION		
() OTHER:			
STATE FEES PREPAID WITHORIZATION FOR AC			\$ <u>155.00</u> \$
PLEASE RETURN:			
(XX) CERTIFIED COPY () CERTIFICATE OF GOOD ST () PLAIN STAMPED COPY	TANDIN	NG	·

Examiner's Initials

() CERTIFICATE OF STATUS

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	WEC 9-7 LLC WARD WELKE PRISM VENTURE PARTNERS
	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	WARD WELKE
	Name of Person
	C/O ALLERAND CAPITAL LLC
	Firm/Company
	675 W INDIANTOWN RD; STE 103
	Address
	JUPITER, FL 33458
	City/State and Zip Code
	kcaliendo@allerand.com E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
WA	RD WELKE , 561 , 354-6186
	Name of Person Area Code Daytime Telephone Number
Enclosed	d is a check for the following amount:
\$ 125.00	Filing Fec \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

effective date

ARTI	CLESOFORGANIZATION	FOR FLORIDA	LIMITED LIABILIT	YCOMPANY	Property of	- TI
ARTICLE I - Name:	•				至企	Z
The name of the Limited	Lighility Company is:				72.7	
The name of the Billing	a bladiniy company is.				30,70	M
					ين ش	3 (
	PRISM VENTURE PARTNERS		<u>. </u>		— ~ ~	, w
(M	lust end with the words "Li	mited Liabilit	y Company, "L.L.C.	," or "LLC.")	OR	
ARTICLE II - Address				_	ō	CG .
The mailing address and	street address of the princ	ipal office of t	he Limited Liability	Company is:	ν	
Principal Office Addre	<u>235:</u>	Mailing Addı	ress:			
675 W INDIANTOWN RD		675 W	INDIANTOWN RD	•		
JUPITER, FL 33458		JUPIT	ER, FL 33450			
·	with an active Florida regis la street address of the regi National Corpor	stered agent ar		_		
	i	Name				
	155 Off	ice Plaza Di	rive			
-	Florida street address (P.C					
	·		·			
-	<u>Tallahassee</u>	FL	32301	_		
	City		Zip			
the place designated capacity. I further agr	registered agent and to acc in this certificate, I hereby ree to comply with the provi in familiar with and accept the Wahighad Comp	accept the app sions of all sta the obligations	ointment as registere tutes relating to the p of my position as reg	ed agent and a proper and con gistered agent (gree to act in aplete perfor as provided	n this mance
	Registered Agent's	Signature (RE	QUIRED)			

(CONTINUED)

Page 1 of 2

<u>[ifle:</u> AMBR" = Authorized Member MGR" = Manager	Name and Address:
	
·	
wgr	WARD WELKE
	675 W INDIANTOWN RD
	JUPITER, FL 33458
	
EV: Effective date, if other than the date ctive date is listed, the date must be sp	of filing: 6/3/2014 . (OPTIONAL) ecific and cannot be more than five business days prior to or 9
Use attachment if necessary) E.V: Effective date, if other than the date ctive date is listed, the date must be sp filling.) E.VI: Other provisions, if any. REQUIRED SIGNATURE:	of filing: 6/3/2014 (OPTIONAL) ecific and cannot be more than five business days prior to or 9
CV: Effective date, if other than the date ctive date is listed, the date must be sportling.) CVI: Other provisions, if any. REOUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 9
CV: Effective date, if other than the date effive date is listed, the date must be spiriling.) EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a me (In accordance with section of constitutes an affirmation used in a management of the constitutes and a management	of filing: 6/3/2014 (OPTIONAL) ecific and cannot be more than five business days prior to or 9 mber or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
CV: Effective date, if other than the date effive date is listed, the date must be spiriling.) EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a me (In accordance with section of constitutes an affirmation used in a management of the constitutes and a management	mber or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State
V: Effective date, if other than the date effice date is listed, the date must be sprilling.) VI: Other provisions, if any. ECOURED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree fe	mber or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State

Page 2 of 2