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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	ECT: Wilynx, LLC Name of Lie	mited Liability Company		
The en	closed Articles of Organization and fee(s) a	re submitted for filing.		
Please	return all correspondence concerning this n	natter to the following:		
	Mitchell Szanyi		V	
		Name of Person		
		Firm/Company	8	— SE
	740 E. Seminole Drive			SESRET ALLAHI
	THE C. COMMISSION SHOP	Address	:	TARY
	Venice, Florida 34293		3	
	C	City/State and Zip Code		
m	szanyi@outlook.com E-mail address: (to be use	d for future annual report notifica	tion)	
For fur	ther information concerning this matter, ple	ase call:	,	
Mitche	at (at (973) 222-1189 Area Code Daytime Tel	ephone Number	
Enclose	ed is a check for the following amount:			
_	0 Filing Fee \$\Bigcup \textstyle	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	✓ \$160.00 Filing Fee Certificate of Statu Certified Copy (additional copy is en	s &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Wilynx, LLC	
(Must end with the words "	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
740 E. Seminole Drive	740 F. Seminole Drive
Venice, Florida 34293	Venice, Florida 34293
The Limited Liability Company cannot serve as unother business entity with an active Florida re. The name and the Florida street address of the re	>2 ≥
Mitchell Szanyi	
740 7 0 11 11 01	Name To The Table 1
740 E. Seminole Drive	D.O. Boy NOT acceptable)
V. 10.1.121 31.1004 H021.032 (V	en e
Venice City	FL 34293 Zip
City	Lip
the place designated in this certificate, I here capacity. I further agree to comply with the pro-	accept service of process for the above stated limited liability company by accept the appointment as registered agent und agree to act in this ovisions of all statutes relating to the proper and complete performanc pt the obligations of my position as registered agent as provided for in Chapter 605, F.S.
Milchel	l An
Registered Agent	l's Signature (REQUIRED)
(CO	INTINUED)

Page 1 of 2

<u>litle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Mitchell Szanyi
	740 E. Seminole Drive
	Venice, Florida 34293
	<u> </u>
· · · · · · · · · · · · · · · · · · ·	
	والمراجع والمراجع والمراجع والمراجع والمستعدد والمستعد والمستعدد والمستعد والمستعدد والمستعدد والمستعدد والمستعدد والمستعدد والمستعدد وا
V: Effective date, if other than the dative date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after
V: Effective date, if other than the dictive date is listed, the date must be filling.)	nte of filing:
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Use attachment if necessary) V: Effective date, if other than the dative date is listed, the date must be filling.) VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 days after
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V: Effective date, if other than the ditive date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a r (In accordance with section constitutes an affirmation un	nember or an authorized representative of a member. 605,0263 (1)(b), Florida Statutes; the execution of this document der the negalities of perjury that the facts stated herein are true.
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