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(Re	equestor's Name)
(Ad	idress)
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PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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1 1	Office Use Only



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14 DEC 17 AM 8: 14
SECRETARY OF STATE
AND AMASSES FILORIDA

J. Shivers DEC 1 9 2014

COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	WAYNE A. Name of Lir	WANSHEK nited Liability Company	LLC
The enclosed	Articles of Organization and fee(s) a	re submitted for filing.	
Please return	all correspondence concerning this m	atter to the following:	
	WAYNE A. I	NA NSHEK	
			a
_	WAYNE /I. W	Firm/Company	<u> </u>
	18675 US. 17	wy 19 N. #	<i>'323</i>
_	CLEARWATER	, I-24, 33'	764
V	V WANSHEK (18) E-mail address: (to be use	-AMPA BAY. R	e. com.
	E-mail address: (to be use	d for future annual report notificat	ion)
For further inf	formation concerning this matter, plea	ase call:	
WAYNE	A. WANSHEK at (_	121, 735-4	290
	Name of Person	Area Code Daytime Tele	phone Number
Enclosed is a	check for the following amount:		
⊠ \$125.00 Filing	g Fee \$\Bigcup \\$130.00 \text{ 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 Addre	<u>ess</u>
	Registration Section Division of Corporations	Registration Section Division of Corporation	ons
	P.O. Box 6327	Clifton Building	O110
	Tallahassee, FL 32314	2661 Executive Cente	r Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Company, "L.L.C.," or "I	
(Must end with the words "Limited Liability Company, "L.L.C.," or "I	LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Comp	any is:
Principal Office Address: Mailing Address:	
18675 US HWY 19 N. # 323 CLEAR WATE	en FC.
18675 US HWY 19 N. # 323 CLEAR WATE	33764
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must design another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	nate an individual or
MAYNE A. WANSHEK	
NAYNE A. WANSHEK	
18675 U.S. HWY. 19 N. # 323 Florida street address (P.O. Box NOT acceptable)	
Florida street address (P.O. Box NOT acceptable)	
CLEARWATER FL & 33764 City Zip	
City Zip	
Having been named as registered agent and to accept service of process for the above stated the place designated in this certificate, I hereby accept the appointment as registered agen capacity. I further agree to comply with the provisions of all statutes relating to the proper of my duties, and I am familiar with and accept the obligations of my position as registered Chapter 605, F.S.	nt and agree to act in this and complete performance
Registered Agent's Signature (REQUIRED)	14 DEC 17 A SECRETARY TALLAHASSE
(CONTINUED)	- SZ - · · ·
Page 1 of 2	7 AN 8: I

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	WAYNE A. WANSHER 18675 US 19N #323 CLEANWATEN, FLA. 33764
	18675 US 19N #323
mcl.	CLEANWATEN, FIA. 33764
· • • • • • • • • • • • • • • • • • • •	Tau 1 2 5
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