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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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Effective Date

1/4/15

TO ACKNOWLEDGE SUFFICIENCY OF FILING RECEIVED
DEPARIMENT OF STATE
INVISION OF CORPORATION

2914 DEC 22 PK 4: 18

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14 DEC 22 AM 9:51

SECRETARY OF STATE

DEC 2 3 2014 T. HAMPTON

FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)364-8000	
WALK-IN	OFFICE USE ONLY
ENTITY NAME:	
WRD ARCHITECTURE, LLC	
CK# 6742 FOR \$125.00	
PLEASE FILE THE ATTACHED ARTICLES & RETURN THE	FOLLOWING:
CERTIFIED COPY	
XXX STAMPED COPY	

_ CERTIFICATE OF STATUS

Examiner's Initials

Effective Date 1/4/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

WRD' Architecture, 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 prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3147 Hanging Moss Circle	3147 Hanging Moss Circle
Kissimmee, FL 34741	Kissimmee, FL 34741
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as	Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida regions.)	Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or gistration.)
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ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida region and the Florida street address of the re	Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or gistration.)
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida region of the rewishing and the Florida street address of the rewishing R. Dupre'	Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or gistration.) gistered agent are: Name
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida region of the regio	Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or gistration.) gistered agent are:
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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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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14 DEC 22 AM 9: 51

SECRETARY OF STATE
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William R. Dupre' 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 hird degree felony as provided for in s.817.155, F.S.) William R. Dupre' Typed or printed name of signee Filing Fees: Typed or Printed name of Registered Agent \$530.00 Certified Copy (Optional)	<u> [itle:</u> 'AMBR" = Authorized Member	Name and Address:
se attachment if necessary) V: Effective date, if other than the date of filing:	MGR" = Manager	
Kissimmee, FL 34741 See attachment if necessary) W: Effective date, if other than the date of filing: January 4_2015 (OPTIONAL) We date is listed, the date must be specific and cannot be more than five business days prior to or siling.) WI: 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 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.) William R. Dupre' Typed or printed name of signce Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)	AMBR	
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