(Re	equestor's Name)	
· ·	· · · · · · · · · · · · · · · · · · ·	
//	13	
(Ac	ldress)	
•		
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
	siness Entity Nan	ne)
(50	isiness Littly Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Eiling Officer:	
Special instructions to	rning Onicer.	
		Į.
		İ
		ļ
		İ
<u> </u>		

Office Use Only

davida



900269597199

03/02/15--01019--013 **125.00

MAR 1 7 2015 T. BROWN

COVER LETTER

TO:

Registration Section

Division of Corporations	,	
SUBJECT: WSB ORLANDO, LLC,	-	·
Name of Lim	nited Liability Company	
•		
The enclosed Articles of Organization and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this me	atter to the following:	
HAIRONG CHEN		
THE COURT OF THE C	Name of Person	
TRIANGLE ACCOUNTING LLC		
	Firm/Company	
	.,	
11 E BROADWAY, STE 9B		
•	Address	
NEW YORK, NY 10038	ity/State and Zip Code	
	ty/Biaic and Zip Code	
DU@TRIANGLEACCOUNTING.NET E-mail address: (to be used	for future annual report notifical	ion)
	-	,
For further information concerning this matter, plea	se call:	
HAIRONG CHEN at (9 Name of Person		ephone Number
140110 Og 1 013031	1200 Codo Daynon Ion	chuous ramnom
Enclosed is a check for the following amount:		
_	Dates no Ent. D. a.	Description Tillians
✓ \$125.00 Filing Fee ✓ \$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy	☐\$160.00 Filing Fee, Certificate of Status &
	(additional copy is enclosed)	Certified Copy
		(additional copy is enclosed)
Malling Address Registration Section	Street/Courier Addr Registration Section	692
Division of Corporations	Division of Corporati	ions
P.O. Box 6327	Clifton Building	Ci1-
Tallahassee, FL 32314	2661 Executive Cent Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION	FOR FLORIDALIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	mited Liability Company, "L.L.C.," or "LLC.") ipal office of the Limited Liability Company is:
WSB ORLANDO, LLC.	Service Control of the
	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princi	ipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5048 W COLONIAL DR. ORLANDO, FL 32808	11 E BROADWAY, STE 9B NEW YORK, NY 10038
another business entity with an active Florida regis The name and the Florida street address of the regis	own Registered Agent. You must designate an individual or tration.)
HAIRONG CHEN	Name
5048 W COLONIAL DR. Florida street address (P.CO	
City	7:n

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Native 21th Address:
AMBR	HAIRONG CHEN 56 DELANCEY ST, ACT 20 NEW YORK, NY 10002
AMBR	YULIN
	NEW YORK, NY 10002
<u> </u>	·
	The second secon
	62 - 1875 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1886 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885
(Use atinehment if necessary) 3 V: Effective dots, if other than the ctive data is Usted, the date west i	the of filing: (OPTIONAL) to specific and cannot be more than five business stays price to o
S V: Effective dote, if other than the city date is listed, the date unust be filling.) E VI; Other provisions, if any.	cannot be more than five business days prior to e
I V: Effective done, if other than the citro date is listed, the date unust he filling.) VI: Other provisions, if any.	
W: Effective dote, if other than the citys date is listed, the date unust if filling.) EVI: Other provisions, if any. REQUERED SIGNATURE:	MA
I V: Effective done, if other than the citro date is listed, the date unust he filling.) I VI: Other provisions, if any. IKOURED SIGNATURE: Signature of (in accordance with section constitutes an affirmation I om aware that any falso.	
SV: Effective done, if other than the cityo data is listed, the date unust it filling.) EVI: Other provisions, if any. EROURED SIGNATURE: Signature of (in accordance with suction constitutes an affirmation I om aware that any falso constitutes a third degree	a subser or an authorized supraestative of a meraber, on 605,0203 (1) (6), Florida Stantes, the execution of this document under the pennities of penjury that the facts stated horsin ato crite, information submitted in a document to the Davis ment of Natic

Page 2 of 2