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**Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

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**FLORIDA LIMITED LIABILITY CO.
W&T CONSTRUCTION, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00



May 18, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: WAT CONSTRUCTION, LLC
REF: W15000034814

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

FAX Aud. #: H15000118918
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H15000118918

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 "LLC.")*

W Y T CONSTRUCTION, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

5620 NW, 107 AVE, APT 1510, Doral,
FL, 33178

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)*

WENCEL Jose Gonzalez Capriles

5620 NW, 107 AVE, APT 1510, Doral, FL
33178

ARTICLE IV-

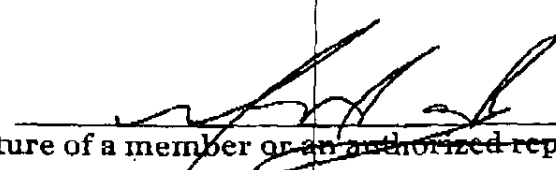
The name and title of each person authorized to manage and control the Limited Liability Company:

Tulio Manases Miguel Capriles
Mendoza. (AMBR)

WENCEL Jose Gonzalez Capriles.
(AMBR)

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Required Signatures:
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.

WENCEL JOSE GONZALEZ CAPRILES

Typed or printed name of signee

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)DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

15 MAY 20 PM 4:58

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