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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	WLJ Properties LLC		
SOBOLIC		f Limited Liabili	ty Company
The enclo	osed Articles of Organization and fee(s) are submitted	for filing.
Please ret	turn all correspondence concerning th	is matter to the fe	ollowing:
	Joanne Cushing		
		Name of	Person
	WLJ Properties LLC		
		Firm/Co	npany
	5515 W Scarington Court		
		Addre	ess
	Orlando Florida 32821		
	joannecushing@yahoo.com	City/State and	I Zip Code
	E-mail address: (to be	used for future a	nnual report notification)
For further	information concerning this matter, p	lease call:	
	Joanne Cushing	954 t (655-3098
	Name of Person	·———	Daytime Telephone Number
Enclosed	is a check for the following amount:		
\$125.00	Filing Fee S130.00 Filing Fee Certificate of Status	s L—Certifie	O Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIARILITY COMPANY

211 27 PH 1:54

ANTICLESOF ONGANZATION FOR FLORI	IDA LAVITED LIABILAT I CONTAIN
ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
WLJ Properties LLC	
(Must end with the words "Limited Liabii	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office o	f the Limited Liability Company is:
Principal Office Addresse	Mailing Address:
Principal Office Address:	Maning Address:
5515 W Scarington Court	5515 W Scarington Court
Orlando, FL 32821	Orlando, FL 32821
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Registranother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent	are:
Waldo L Cushing, Jr	
Name	e

5515 W Scarington Court

Orlando

City State Zip

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

32821

Florida street address (P.O. Box NOT acceptable)

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

FL

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Waldo L Cushing, Jr
	5515 W Scarington Court
	Orlando, FL 32821
AMBR	Joanne Cushing
	5515 W Scarington Court
	Orlando, FL 32821
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(Use attachment if necessary)	
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Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Waldo L Cushing, Jr.

ARTICLE IV-