

9/9/2015

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : MENDEZ ACCOUNTAX SERVICES, CORP
Account Number : 120060000145
Phone : (305)769-4936
Fax Number : (305)769-1844

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

W & E. ENTERPRISES, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

SEP 11 2015

S. GILBERT

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September 10, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

E-FILE, MENDEZ ACCOUNTAX SERVICES

SUBJECT: W & E, LLC
REF: W15000059831

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

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The document number of the name conflict is P96000033744 - WE, INC..

If you have any further questions concerning your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

FAX Aud. #: H15000217470
Letter Number: 615A00019149

15 SEP 11 PM 2:25

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
15 SEP 11 AM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I- Name:

The name of the Limited Liability Company is:

W & E ENTERPRISES, LLC.

ARTICLE II- Address:

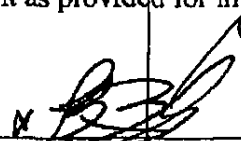
The mailing address and street address of the principal office of the Limited Liability Company is: **18322 NW 68 AVE UNIT # A, HIALEAH FL 33015**

ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

**RAQUEL BETANCOURT
18322 NW 68 AVE UNIT # A
HIALEAH FL 33015**

Having been named as registered agent and to accept service of process for the above stated limited liability company at 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

ARTICLE IV:

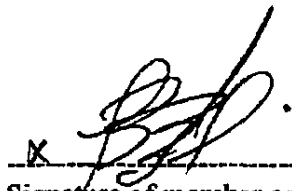
The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

AMBR

Name and Address:

RAQUEL BETANCOURT
18322 NW 68 AVE UNIT # A
HIALEAH, FL 33015



Signature of 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.)

RAQUEL BETANCOURT

Typed or printed name of signee.