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JACKSONVILLE, FLORIDA

J 10/14/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: W. P. CONSULTANTS ASSOCIATES, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JERRY W. ALLENCER
Name of Person

ALLENDER & ALLENDER, PA
Firm/Company

719 GARDEN STREET
Address

TITUSVILLE, FL 32796
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JERRY W. ALLENDER at (321) 269-1511
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$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

FILED
15 OCT -5 PM 2:16
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

15 OCT -5 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

W. P. CONSULTANTS ASSOCIATES, LLC

ARTICLE II - Address:

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

Principal Office Address:

6145 N. Tropical Trail
Merritt Island, Florida 32953

Mailing Address:

6145 N. Tropical Trail
Merritt Island, Florida 32953

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

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

Alexander J. Ludwig
Name

6145 N. Tropical Trail
Florida street address (P.O. Box **NOT** acceptable)

Merritt Island 32953
City Zip


Registered Agent's Signature (REQUIRED)

ARTICLE IV -

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR


Alexander J. Ludwig
6145 N. Tropical Trail
Merritt Island, Florida 32953

ARTICLE V: Effective date, if other than the date of filing: October 19, 2015
(OPTIONAL)

ARTICLE VI: Other provisions, if any:

A member managed LLC

REQUIRED SIGNATURE:



Signature of a member or authorized representative of a member.

Alexander J. Ludwig

Type or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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CLERK OF STATE
TALLAHASSEE, FLORIDA