160001588

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	Division of Corporations	
SUBJEC	WCK PROPERTIES, LLC	
OCBULC	Name of Limited Liab	ility Company
The enclo	losed Articles of Organization and fee(s) are submitte	d for filing.
Please ret	eturn all correspondence concerning this matter to the	following:
	JAY C. DICK	
	Name o	of Person
	Firm/C	ompany
	426 SE 6TH STREET	
	Add	Iress
	DANIA BEACH, FL 33004	
	City/State a jcdproperties@gmail.com	nd Zip Code
	E-mail address: (to be used for future	annual report notification)
For further	r information concerning this matter, please call:	
	JAY C. DICK 954	629-2049
	Name of Person Area Code	Daytime Telephone Number
Enclosed	l is a check for the following amount:	
\$125.00 F	Certificate of Status Certificate	00 Filing Fee & \$160.00 Filing Fee, Great Copy nal copy is enclosed) 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

Jay C. Dick 426 SE 6th Street Dania Beach, Florida 33004 954-629-2049

January 14, 2016

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: Articles of Organization - WCK Properties, LLC

To Whom It May Concern:

Please see the attached executed Articles for Organization form along with payment of \$125.00 to cover the filing fee.

Please contact me at (954) 629-2049 should you have any questions or concerns.

Thank you.

Sincerely,

Tay C Di

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name: The name of the Limited Liabilit	y Company is:			5
WCK PROPERTIES	HC			至
(Must end	with the words "Limited	Liability Company, "I	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal of	fice of the Limited Liz	ability Company is:	8FC 77
Principal Office Address:			Mailing Address:	
426 SE 6TH STREE DANIA BEACH, FL			6TH STREET BEACH, FL 33004	
(The Limited Liability Company another business entity with an a	ective Florida registration	n.)	Thus designate an individu	iai oi
		Name		
	426 SE 6TH STREET			
	Florida street address (P.O.		ptable)	
	DANIA BEACH	FLORIDA	33004	
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the pram fumiliar with and accept the ob	I hereby accept the appo povisions of all statutes realigations of my position of	intment as registered d lating to the proper an	agent and agree to act in this d complete performance of n brovided for in Chapter 605,	capacity. In y duties, and I

Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	IAV C DICK	
AMBR	JAY C. DICK	
	426 SE 6TH STREET	
	DANIA BEACH, FL 33004	
		
	5	
	<u></u>	
 		
	<u> </u>	
(Use attachment if necessary) LE V: Effective date, if other than the diffective date is listed, the date must be	ate of filing: (OPTIONAL)	, 4.
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.)	specific and cannot be more than five business days prior to or 90 day of meet the applicable statutory filing requirements, this date will not be	
LE V: Effective date, if other than the diffective date is listed, the date must be e of filing.) If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 day of meet the applicable statutory filing requirements, this date will not be ent of State's records.	
LE V: Effective date, if other than the diffective date is listed, the date must be e of filing.) If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is one I am aware that any file.	specific and cannot be more than five business days prior to or 90 day of meet the applicable statutory filing requirements, this date will not be	
LE V: Effective date, if other than the diffective date is listed, the date must be e of filing.) If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is one I am aware that any file.	to the ent of State's records. Included in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-