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### **COVER LETTER**

	gistration Section vision of Corporations			
SUBJECT	WYWH	LLC Name of Lir	nited Liability Company	
The enclose	ed Articles of Organization	on and fee(s) as	re submitted for filing.	
Please retur	n all correspondence cor	cerning this m	atter to the following:	
	Michae	Fende	Name of Person	
			Firm/Company	
	9714 5	w 67	Firm/Company  Address	
	Gaine	sville,	F1. 32608	
	m Fende	erster (	F1. 32608 Sity/State and Zip Code DSMail. Com d for future annual report notifica	ution)
For further	information concerning t			
Mic	Name of Person	at (_	352 ) 318-42 Area Code Daytime Tel	2.3 9 Jephone Number
Enclosed is	a check for the following	g amount:		
□ \$125.00 Fil		Filing Fee & te 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
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY AND 21 AM 8: 38

ARTICLE I - Name:	SECRETARY OF STATE FALLAHASSEE, FLORIDA
The name of the Limited Liability Company is:	TALLAHASSEE. FLORIDA
WYWH LLC	
(Must end with the words "Limit	cd Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	l office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9714 SW 67th Drive Gainesville, Fl. 32608	Same
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its or another business entity with an active Florida registra.  The name and the Florida street address of the register.  Michael F Nat 9714 Sw.	wn Registered Agent. You must designate an individual or tion.) red agent are:
Florida street address (P.O. E	
Caragorill.	

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.

Zip

Registered Agent's Signature (REQUIRED)

City

(CONTINUED)

Page 1 of 2

APPHOVEE AND

Title:	Name and Address	_SECHETARY (
Title: "AMBR" ≈ Authorized Men	Name and Address:	SECRETARY ( TALLAHASSEE
"MGR" = Manager	M. 1 1 =	1
AMBR	Michael Fend 9714 SW 671	0
	Gainesville 1	1 32608
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Page 2 of 2