116000027654

(Re	questor's Name)	<u>.</u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		<u></u>

Office Use Only



600280088566

01/29/16--01021--026 **125.00

2016 JAH 29 PH 2: 11

FEB 1 0 2016

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT	wwpba.org LLC		
SOBULET		Limited Liabil	ity Company
The enclose	ed Articles of Organization and fee(s)	are submitted	for filing.
Please retur	n all correspondence concerning this	matter to the f	ollowing:
	JoAnne C Holt		
		Name of	Person
		Firm/Co	mpany
	9470 Corkscrew Palms Cir #103		
		Addr	ess
	Estero, FL 33928		
,	oanne@holtcpafirm.com	City/State an	d Zip Code
_		sed for future a	nnual report notification)
For further in	formation concerning this matter, ple	ease call;	
	JoAnne C Holt	239	494-1476
•	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	└──lCertifi	00 Filing Fee & \$160.00 Filing Fee, ed Copy Certificate of Status & Certified Copy (additional copy is enclose
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327		Street Address New Filing Section Division of Corporations Clifton Building
	Tallahassee, FL 32314		2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability				
				. 2
wwpba.org LLC				2016 JAH 29
	with the words "Limited Lia	bility Company, "L.	L.C.," or "LLC.")	Fig. E
ADTICLE II A LL.				型 2
ARTICLE II - Address: The mailing address and street ac	Idress of the principal office	of the Limited Liah	vility Company is:	Q
The maning address and shoet ac	aress of the principal office	or the Emitted Elac	inty Company is.	品等 是
<u>Princips</u>	al Office Address:		Mailing Address:	200 13
9470 Corkscrew Pain	oc Cir #103	Same		93 -
Estero FL 33928	18 CH #103_	Same		
(The Limited Liability Company another business entity with an a	cannot serve as its own Reg ctive Florida registration.)	gistered Agent. You	must designate an individu	al or
The name and the Florida street a	address of the registered age	ent are:		
The name and the Florida street a	nddress of the registered age JoAnne C Holt	ent are:		
The name and the Florida street a	JoAnne C Holt	ent are:		
The name and the Florida street a	JoAnne C Holt	ame		
The name and the Florida street a	JoAnne C Holt No	ame Cir #103	table)	
The name and the Florida street a	JoAnne C Holt No. 9470 Corkscrew Palms C	ame Cir #103	table)	

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized	Name and Address: Member	
"MGR" = Manager MGR	JoAnne C Holt	
	4730 Colony Villas Dr #802	
	Bonita Springs, FL 34134	
MGR	Nate Kemler	
	24471 Terzetto Lane #503	
	Bonita Springs, FL 34134	
(Use attachment if nece	sary)	
CLE V: Effective date, if of the control of the con	her than the date of filing: (OPTIONAL) late must be specific and cannot be more than five business days prior to or 90 plock does not meet the applicable statutory filing requirements, this date will not	•
CLE V: Effective date, if of the control of the control of the control of the date inserted in this cument's effective date on	her than the date of filing: (OPTIONAL) late must be specific and cannot be more than five business days prior to or 90 plock does not meet the applicable statutory filing requirements, this date will not he Department of State's records.	•
CLE V: Effective date, if of the control of the con	her than the date of filing: (OPTIONAL) late must be specific and cannot be more than five business days prior to or 90 plock does not meet the applicable statutory filing requirements, this date will not he Department of State's records.	•
CLE V: Effective date, if of the control of the control of the control of the date inserted in this cument's effective date on	her than the date of filing: (OPTIONAL) late must be specific and cannot be more than five business days prior to or 90 plock does not meet the applicable statutory filing requirements, this date will not he Department of State's records.	•
CLE V: Effective date, if ceffective date is listed, the se of filing.) If the date inserted in this cument's effective date on CLE VI: Other provisions,	her than the date of filing:	•
CLE V: Effective date, if ceffective date is listed, the set of filing.) If the date inserted in this cument's effective date on CLE VI: Other provisions, REQUIRED SIGNAT S This do I am av	her than the date of filing: (OPTIONAL) late must be specific and cannot be more than five business days prior to or 90 plock does not meet the applicable statutory filing requirements, this date will not he Department of State's records. Tany.	•
CLE V: Effective date, if of effective date is listed, the e of filing.) If the date inserted in this cument's effective date on CLE VI: Other provisions, REQUIRED SIGNAT S This do l am aveconstite	place than the date of filing:	•

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)