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Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WPC Capital Markets Division, 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:
Richard A. Rappaport Name of Person
Firm/Company
1900 Ave, of the stars, Site 310
Los Angeles, CA 90067 City/State and Zip Code VOR 19000@ 9 mail. Com E-mail address: (to be used for future annual report notification)
F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Richard Ruppingert at (310) 867-1119 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	16 FEB -3	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.	SEURE DAIL TALL AHASS ")	r of State EE FLORID
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is		
Principal Office Address:	Address:	
Shite 310 Li Angeles, CA 90067		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate another business entity with an active Florida registration.)	nn individual or	
The name and the Florida street address of the registered agent are:		
Richard Rappaport	_	
Name 725 NE Mizner Blob Florida street address (P.O. Box NOT acceptable)	1., 5te	750
BOCARATON, FL 3343	2_	
laving been named as registered agent and to accept service of process for the above stated limited duce designated in this certificate, I hereby accept the appointment as registered agent and agree to wither agree to comply with the provisions of all statutes relating to the proper and complete perform familiar with and accept the obligations of my position as registered agent as provided for in Chamber Registered agent as provided for in Chamber Registered agent (REQUIRED)	act in this capa mance of my dut	city. I

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized I	Member	Name and Address:	
"MGR" = Manager MGR		WestPark Capital, = 1900 Ave, of the st Las Angeles, CA 300	Inc. air, Suite 310 67
(Use attachment if neces ARTICLE V: Effective date, if of	her than the date of filing	E 01 28 2016 (OPTI	
the date of filing.)	block does not meet the	nd cannot be more than five business days per applicable statutory filing requirements, this s's records.	·
ARTICLE VI: Other provisions, it	Purposes	ivision, LLC may con	duct all
REOUIRED SIGNATU	K. Vannos		FEB -3 P
This doc I am awa	rument is executed in a are that any false inform	or an authorized representative of a member coordance with section 605.0203 (1) (b), Flor nation submitted in a document to the Department as provided for in s.817.155, F.S.	ida Statilites.
\$125.00 Filing Fee for \$ 30.00 Certified Cop		dos printed name of signee Filing Fees: ion and Designation of Registered Agent	Capital, Inc. Authorized
\$ 5.00 Certificate of			Representative

ARTICLE IV-