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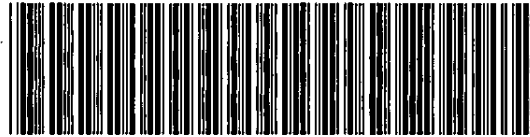
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WOELFEL FAMILY LIMITED LIABILITY COMPANY
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:

ROBERT L. WOELFEL

Name of Person

Firm/Company

434 Lyons Bay Road

Address

Nokomis FL 34275

City/State and Zip Code

robert.woelfel@verizon.net

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

For further information concerning this matter, please call:

James M Shuta Esq at 727 424-6406

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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

9-8 AM 10:09

Pursuant to **Section 605.0201 Florida Statutes**, the Limited Liability Company named below submits the following **Articles of Organization**:

ARTICLE I
Name

The name of the Limited Liability Company is **WOELFEL FAMILY LIMITED LIABILITY COMPANY**.

ARTICLE II
Address

The mailing address and street address of the Principal Office is **434 Lyons Bay Road, Nokomis FL 34275**.

ARTICLE III
Business

This Limited Liability Company shall engage in the business of ownership of real, personal and/or mixed property.

ARTICLE IV
Duration

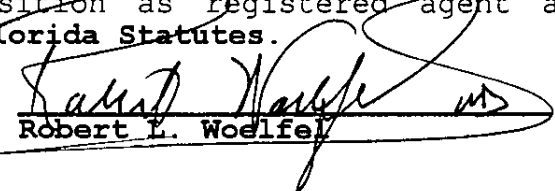
The Limited Liability Company shall commence upon filing the Certificate with the Secretary of State of Florida and shall continue indefinitely thereafter unless sooner dissolved by law or by written consent of all the Members hereto.

ARTICLE V
Management

The Limited Liability Company shall be managed by its authorized Member whose name, mailing address and street address is **Robert L. Woelfel, 434 Lyons Bay Road, Nokomis FL 34275**.

ARTICLE VI
Registered Agent

The name and the street address of the Registered Agent is **Robert L. Woelfel, 434 Lyons Bay Road, Nokomis FL 34275**. 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 **Section 605.0113 Florida Statutes**.


Robert L. Woelfel

ARTICLE VII
Members Rights to Continue Business

The death, withdrawal of a Member, whether voluntary or involuntary, expulsion, bankruptcy or dissolution of a Member shall not terminate the Limited Liability Company, which business shall continue so long as there is at least one remaining Member.

ARTICLE VIII
Effective Date

The effective date of the Limited Liability Company shall be as of the date of filing with the Secretary of State of Florida.

These Articles of Organization of a Florida Limited Liability Company are executed by either a majority in voting interest of the Members or by one or more Members authorized by a majority in voting interest of the Members.

SIGNED this 1ST day of February, 2016.

WITNESSES:

AUTHORIZED MEMBER:

Andrew S. Larkin
Sign Name

Robert L. Woelfel *md.*
Robert L. Woelfel, Manager

Andrew S. Larkin
Print Name

Peter M. Rebold
Sign Name

Peter M. Rebold
Print Name

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