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MAR 3 2016

S. GILBERT

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Way Farer Life LCC 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:
Seffrey D. King- Name of Person
Firm/Company
P.O. BOX 321482
Cocca Beach, FC 32932 City/State and Zip Code Sking 5+ @ frodicy, Net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Seff Kink at (321) 698 9563 Name of Person Area Code Daytime Telephone Number
Epclosed 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{\$\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
Mailing Address New Filing Section New Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

THED

The name of the Limited Liability Company is:	Chan to prove 1000
(Must end with the words "Limited Liability Company	Fe L 16 FEB 23 RM 12: 00 Fe L 16 FEB 23 RM 12: 00 y,"L.L.C.," or "LLC.") 2 3 5 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited	And Francisco Commercial
Principal Office Address: 15 W. Leon Lang Cocoq Beach, 12 32931	Mailing Address: PO BOX 321482 COCCA BEACH, FC 32
ARTICLE III - Registered Agent, Registered Office, & Registered Age (The Limited Liability Company cannot serve as its own Registered Agent. another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are: Seffrey Donaire Name Florida street address (P.O. Box NOT a City State	Lane
Having been named as registered agent and to accept service of process for the place designated in this certificate, I hereby accept the appointment as register further agree to comply with the provisions of all statutes relating to the prope am familiar with and accept the obligations of my position as registered agent Registered Agent's Signa (CONTINUED)	red agent and agree to act in this capacity. I r and complete performance of my duties, and I as provided for in Chapter 605, F.S
Pana 1 of?	

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Total of Kink
MGR	151 Wi Leon Lane
Λ	Cocoa Beach, FC 329
AMBR_	Seffrey O. King, JR
	COCO Seach, FC 3297
	
(Use attachment if necessary)	
-	ne date of filing: (OPTIONAL)
CLE V: Effective date, if other than t	
CLE V: Effective date, if other than t ffective date is listed, the date mus e of filing.)	t be specific and cannot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the ffective date is listed, the date muse of filing.) If the date inserted in this block does	t be specific and cannot be more than five business days prior to or 90 days as not meet the applicable statutory filing requirements, this date will not be
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