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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : BOND, SCHOENECK & KING, PLLC
Account Number : I20010000122
Phone : (239) 659-3800
Fax Number : (239) 659-3812

2016 MAY 23 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: plundborg@bsk.com

**FLORIDA LIMITED LIABILITY CO.
WVB Holdings LLC**

Certificate of Status	1
Certified Copy	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
OF
WVB HOLDINGS LLC

2016 MAY 23 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the limited liability company is WVB HOLDINGS LLC ("Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is:

Principal Office Address:
19712 Wildwater Cv.
Lutz, FL 33559

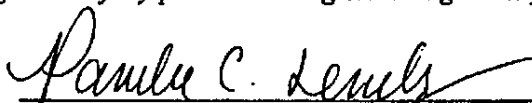
Mailing Address:
19712 Wildwater Cv.
Lutz, FL 33559

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Pamela Lundborg
4001 Tamiami Trail North, Suite 250
Naples, FL 34103

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.


Pamela Lundborg, Registered Agent

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ARTICLE IV - MANAGER

The name and address of each person authorized to manage and control the Company:

Title:

Name and Address:

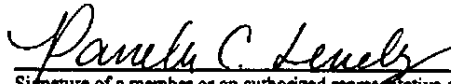
Manager (MGR)

Willard J. Bachman
19712 Wildwater Cv.
Lutz, FL 33559

Manager (MGR)

Vicki M. Bachman
19712 Wildwater Cv.
Lutz, FL 33559

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.205(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Pamela C. Lundborg

Typed or printed name of signee

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