

L16000113155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

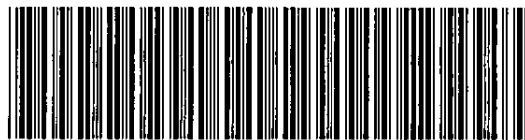
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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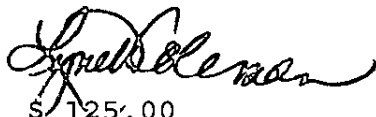
T SCHROEDER

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 176487 4322747

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : June 10, 2016

ORDER TIME : 9:01 AM

ORDER NO. : 176487-005

CUSTOMER NO: 4322747

DOMESTIC FILING

NAME: WAPI, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporation**

**SUBJECT:** Wapi, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Derderian  
Grubman Shire & Meiselas, P.C.  
152 West 57<sup>th</sup> Street, 31<sup>st</sup> Floor  
New York, New York 10019  
[SDerderian@gispc.com](mailto:SDerderian@gispc.com)

For further information concerning this matter, please call:

Sarah Derderian at (212) 314-0506

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy  
(additional copy is enclosed)    ☐ \$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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is Wapi, LLC

### ARTICLE II - Address:

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

#### Principal Office:

C/O Grubman Shire & Meiselas, P.C.  
152 W. 57<sup>th</sup> Street, 31<sup>st</sup> Floor  
New York, New York 10019  
Attn: Larry H. Schatz, Esq.

#### Mailing Address:

VIPSAL 834  
P.O. Box 025364  
Miami, Florida 33102

### ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee, Florida 32301

City, State, Zip

*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.*

Corporation Service Company

By: 

Registered Agent's Signature (REQUIRED)

Courtney Williams  
Asst. Vice President

(CONTINUED)

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**ARTICLE IV – Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

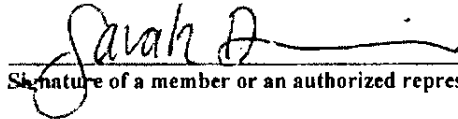
“MGR” = Manager

“AMBR” = Authorized Member

**Name and Address:**

MGR

Florence Escobar  
C/O Grubman Shire & Meiselas, P.C.  
152 W. 57<sup>th</sup> Street, 31<sup>st</sup> Floor  
New York, New York 10019  
Attn: Larry H. Schatz, Esq.

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

(In accordance with section 605, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F. S.)

  
\_\_\_\_\_

Typed or printed name of signee

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