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Certified Copies	Certificates	of Status
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COVER LETTER

FO: Registration Section Division of Corporations
SUBJECT: Wucky thompson 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:
James Benages Name of Person
James Benages, P.A.
2048 Windward Drive
Lauderdale by the Sea, FL 3306 City/State and Zip Code
City/State and Zip Code THBenges @ a ol. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tames Benages 786 Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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:

	Principal Office Address:	Mailing Address:	,
409	Marmore Ave	2048 Windward Lauderdale by the	DUN
Cor	al Gables, FL33146	Lauderdale by the	SEqu
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	tered Agent, Registered Office, & Registe		33
The Limited Liability		red Agent's Signature: d Agent. You must designate an individual or	<i>১</i> ১
The Limited Liability inother business entity	Company cannot serve as its own Registered	d Agent. You must designate an individual or	<i>ბ</i> გ

FILED

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..

gistered Agent's Signature (ALQO)

Page 1 of 2

(CONTINUED)

Name and Address: "AMBR" = Authorized Member "MGR" = Manager President (Use attachment if necessary) . (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: _ (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. **ARTICLE VI:** Other provisions, if any. **REOUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) Page 2 of 2

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

ARTICLE IV-