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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 30, 2016

TIMOTHY J JICKELL WAU BRANDS LLC P.O. BOX 2090 WAUCHULA, FL 33873

SUBJECT: WAU BRANDS LLC Ref. Number: W16000046250 2016 JUN 24 AM 9: 30
SECRETARY OF STATE
TALLAHASSEE: FLORIGI

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the **complete document**, including the <u>electronic filing cover sheet</u>.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams Regulatory Specialist II

(C)

Letter Number: 916A00013810

COVER LETTER

| | Registration Section Division of Corporations | 8-1-16 |
|-------------|---|---|
| SUBJEC' | T: WAL Brands Name of Limited Lia | LLC |
| SCHULC | Name of Limited Lia | bility Company |
| | | |
| The enclo | sed Articles of Organization and fee(s) are submitted | ted for filing. |
| Please ret | urn all correspondence concerning this matter to th | e following: |
| | Timother Jickell Name | |
| | Name | of Person |
| | WAU Brands L | \mathcal{U} |
| | Firm/ | Company |
| | PO Box 2090 Wanch | 19, FL 33873 |
| | Ac | ldress |
| | see above | and Zip Code |
| | City/State | and Zip Code |
| | Wanbrands(a) gmail (6 | ? m |
| | E-mail address: (to be used for futur | e annual report notification) |
| For further | information concerning this matter, please call: | |
| , | Timothy Tickell at 407 Name of Person Area Code | |
| | Name of Person Area Code | Daytime Telephone Number |
| Enclosed | is a check for the following amount: | Attributed in original fills |
| \$125.00 F | Certificate of Status | 5.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address | Street Address |
| | New Filing Section Division of Corporations | New Filing Section Division of Corporations |
| | P.O. Box 6327 | Clifton Building |
| | Tallahassee, FL 32314 | 2661 Executive Center Circle |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability | Company is: | | |
|--|-------------------------|--------------------------|---|
| WAU Brands LLC | | | |
| (Must end w | ith the words "Limite | d Liability Compan | y, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street add | dress of the principal | office of the Limite | d Liability Company is: |
| <u>Principal</u> | Office Address: | | Mailing Address: |
| 3625 New Jersey Road | d APT 165 | <u>P.C</u> |). Box 2090 |
| Lakeland, FL. | | <u>W</u> a | uchula, FL. |
| 33803 | | 333 | 373 |
| ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac | annot serve as its ow | n Registered Agent | ent's Signature: You must designate an individual or |
| The name and the Florida street ac | ddress of the registere | ed agent are: | |
| | Timothy Jickell | | |
| | | Name | |
| | 3625 New Jersey R | oad APT 165 | |
| | Florida street addre | ess (P.O. Box <u>NOT</u> | acceptable) |
| | Lakeland | FL. | 33803 |
| | 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..

(CONTINUED)

gistered Agent's Signature (REQUIRED)

Page 1 of 2

2016 JUN 24 AM 9: 30

| <u>Title:</u> | | Name and Address: |
|---|---|---|
| | Authorized Member | |
| "MGR" = M | lanager | Timothy Jickell |
| AMBR | | 3625 New Jersey Road apt165 |
| | | Lakeland FL. 33803 |
| | | Saletand 1 St 90000 |
| AMBR | | William Platzer |
| | | 824 Glen Arden Way |
| | | Altamonte Springs FL. 32701 |
| | | |
| AMBR | | John Platzer |
| | | 824 Glen Arden Way |
| | | Altamonte Springs FL. 32701 |
| AMBR | | John Anthony Jickell |
| MAIDIC | | 808 Glen Arden Way |
| | | Altamonte Springs FL. 32701 |
| | | |
| | | |
| (Use attachn | nent if necessary) | |
| • | • • | |
| ARTICLE V: Effecti | ve date, if other than the date of filing: | (OPTIONAL) |
| ARTICLE V: Effecti (If an effective date is | ve date, if other than the date of filing: | (OPTIONAL) I cannot be more than five business days prior to or 90 days after |
| ARTICLE V: Effecti (If an effective date is the date of filing.) | ve date, if other than the date of filing: is listed, the date must be specific and | d cannot be more than five business days prior to or 90 days after |
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| ARTICLE V: Effecti (If an effective date is the date of filing.) Note: If the date inse the document's effect ARTICLE VI: Other | ve date, if other than the date of filing: is listed, the date must be specific and erted in this block does not meet the a cive date on the Department of State's provisions, if any. D SIGNATURE: Signature of a member or This document is executed in acc | an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. tion submitted in a document to the Department of State |

Typed or printed name of signee

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)

Timothy Jickell

ARTICLE IV – Attachment

Title:

Name and Address:

AMBR

Quentin Johns 467 Queensbridge Drive Lake Mary FL. 32746

AMBR

Carl Springfels 811 Lexington Street Lakeland FL. 33801

2016 JUN 24 AM 9: 31