L16000205365

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160002752203)))

H160002752203ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

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

Email Address: AGENT@BIZFILINGS.COM

FLORIDA LIMITED LIABILITY CO.

Warren Rogers Associates, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$125.00

2016 NOV -8 PM 12:12

Electronic Filing Menu Corporate Filing Menu Help

N. SAMS

NOV 09 2016

FAX AUDIT # **H16000275220 3**

ARTICLES OF ORGANIZATION
OF
Warren Rogers Associates, LLC

ARTICLE I NAME

The name of the limited liability company is: Warren Rogers Associates, LLC

2016 NOV -8 P 12:12

ARTICLE II ADDRESS

The principal place of business of this Limited Liability Company shall be:
515 E Park Ave, Tallahassee, Florida 32301.
The mailing address of this Limited Liability Company shall be:
501 James Robertson Parkway, Nashville, TN 37219

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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.

Signature:_____ Date: *November 7, 2016*
Mark Williams, A.V.P. *Business Filings Incorporated*

ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the members and the names and addresses of the members of the Limited Liability Company are:
Jillanne Jones, 747 Aquidneck Avenue, Middletown, Rhode Island 02842
WRA Trust, 501 James Robertson Parkway, Nashville, Tennessee 37219

ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.

FAX AUDIT # H16000275220 3

FAX AUDIT # H16000275220 3

ARTICLE VI **Effective Date**

The effective date of this Limited Liability Company is: January 1, 2017

Date: November 7, 2016

Business Filings Incorporated, Organizer
Mark Williams, AVP
Authorized Representative

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated 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.)

FAX AUDIT # H16000275220 3