

Division of Corporations

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**L17000145578**

Florida Department of State  
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**FLORIDA LIMITED LIABILITY CO.  
WTF II, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
WTF II, LLC**

**ARTICLE I - Name**

The name of the Limited Liability Company is WTF, II LLC.

**ARTICLE II - Address**

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

4402 S Ferncroft Ave.  
Tampa FL 33609

**ARTICLE III - Management**

The Company will be managed by a manager appointed by the Member(s). The name, address and title of the initial Manager that is authorized to manage and control the Limited Liability Company is:

Title	Name and Address
MGR	William T. Freeman 4402 S Ferncroft Ave Tampa FL 33609

**ARTICLE IV - Indemnification**

The Limited Liability Company shall, to the full extent permitted by Section 605.0408, of the Florida Statutes, as amended from time to time, indemnify all persons whom it may indemnify pursuant thereto. The indemnification provided by this Article IV shall not limit or exclude any rights, indemnities or limitations of liabilities to which any person may be entitled, whether as a matter of law, under the regulations of the limited liability company, by agreement or otherwise.

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**ARTICLE V - Registered Agent and Registered Address**

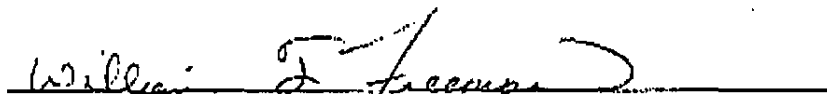
The name and the Florida street address of the registered agent are:

William T. Freeman  
4402 S. Ferncroft Ave.  
Tampa FL 33609

*Having been named as registered agent and to accept service of process for the above stated limited liability company as 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 of Registered Agent

IN WITNESS WHEREOF, I have signed these Articles of Organization as a member or an authorized representative of a member and acknowledged them to be my act this 5th day of July, 2017.

  
Signature of a member or an authorized representative of a member

(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 in section 817.133, Florida Statutes.)

William T. Freeman  
Typed or printed name of signer

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