To: 18506176381 From: 12143052508

Date: 06/12/18 Time: 11:26 AM Page: 01/04

Division of Corporations

6/12/2018

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.

(((H180001762343)))



H180001762343ABC%

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 : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 : (214)317-4754 Fax Number

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

Email Address:_

FLORIDA LIMITED LIABILITY CO.

WETIRE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Date: May 10, 2018

ARTICLE I - NAME:

The name of the Limited Liability Company is:

WETIRE, LLC

ARTICLE IL - ADDRESS:

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

16543 SW 149TH PLACE MIAMI, FL 33187

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

LAMBERT LOPEZ

Name

16543 SW 149TH PLACE Florida Street Address

MIAMI, FL 33187 City, State, and Zip 18 JUN 12 AM 10: 00

-continued-

To: 18506176381 From: 12143052508 Date: 06/12/18 Time: 11:26 AM Page: 03/04 (((H180001762343)))

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 605.0203

Registered Agent's Signature

LAMBERT LOPEZ

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be considered a multiple member LLC and is therefore a MULTIPLE MEMBER LLC company with multiple manager. The NAME and ADDRESS of initial MANAGERS/MEMBERS are as follows:

Title
Authorized Member

Name and Address: BEATRIZ LOPEZ

16543 SW 149TH PLACE

MIAMI, FL 33187

Title
Authorized Member

Name and Address: LAMBERT LOPEZ 16543 SW 149TH PLACE MIAMI, FL 33187 18 JUN 12 AM 10: 00

-continued-

To: 18506176381 From: 12143052508 Date: 06/12/18 Time: 11:26 AM Page: 04/04

(((H18000176234 3)))

ARTICLE V BUSINESS DEDUCTIONS

Per IRS regulations the corporation may pay and deduct the health insurance and medical expenses of its directors and employees. Additionally, business auto expenses may be reimbursed to directors and employees and thus deducted from current operations.

ARTICLE VI - EFFECTIVE DATE

The effective date of the Limited Liability Company shall be: JUNE 18, 2018.

Signature of 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.

LAMBERT LOPEZ

Member/Manager of LLC

May 10, 2018