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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: New Filing So Division of Co				
SUBJECT: WCLTG.	LLC			
30B0LC1	(Name of Res	ulting Florida Limite	Company)	
			n, and fees are submitted to convert a in accordance with s. 605.1045, F.S.	
Please return all corre	espondence concerning	g this matter to:		
Kara A. Sajdak, Esq.				
	(Contact Person)			
The Dorcey Law Firm, P	LC			
	(Firm/Company)			
10181-C Six Mile Cypre	ss Pkwy			
	(Address)	·		
Fort Myers, Florida 3396	6			
	City, State and Zip Code)			
registeredagent@dorceyl	aw.com			
E-mail Address: (to b	e used for future annual rep	port notifications)		
For further information	on concerning this mat	ter, please call:		
Kara A. Sajdak		_at ()	418-0169	
(Name of Conta	et Person)	(Area Code)	(Daytime Telephone Number)	
	or the following amou a bank located in the		ocessed by this office must be payable	e in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	■\$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing I and Certified Copy	ees S185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS	S:		NG ADDRESS:	
New Filing Section	•		ng Section	
Division of Corporati Clifton Building	ions	Division P. O. Bo	of Corporations x 6327	
2661 Executive Cent	er Circle		see, FL 32314	

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Florida Profit Corporation	
(Enter entity type. Example: corporation, limited partnership, general partnership.	nership, common law or business trust, etc.
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-	U.S. entity, the name of the country)
January 11, 2011	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the a	ttached Articles of Organization
WCLTG, LLC	Macine Arthers of Organization.
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date:	
(The effective date: Cannot be prior to date of receipt or filed date nor the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ements, this date will not be listed as the
(The effective date: Cannot be prior to date of receipt or filed date nor the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing require	ements, this date will not be listed as the

I A Ha	/	
Signed this day of	uly 20 18	<u></u>
Signature of Authorized Representati	ive of Limited Liability C	Company:
Signature of Authorized Representative	B. Hun	294
Signature of Authorized Representative Printed Name: BARBARA HUC	get Title: M	anager
Signature(s) on behalf of Other Busine	ss Entity: See below for 1	required signature(s)
Signature: Ketil)	\sim 0.	
Printed Name: Kobert D. Engli	Sh. Jr. Title: V	7 V P
Signature: Darbara N.K.	tur-	
Signature: Parbara S. F. Printed Name: Bourbara S. F.	trunget Title: S	
Signature: Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Signature: Printed Name:	Title:	~ _
If Florida Corporation:		
Signature of Chairman, Vice Chairman, D		,
If Directors or Officers have not been sele	ected, an Incorporator must	sign.
If Florida General Partnership or Limi	ted Liability Partnership;	
Signature of one General Partner.		
If Florida Limited Partnership or Limit Signatures of <u>ALL</u> General Partners.	ted Liability Limited Part	nership:
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion:	\$25.00	

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status: FILED

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ALLI AHASSEPPESTA.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:		
WCLTG, LLC			
(Must contain the words "Limited I	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the mailing address and street address.	the principal of	fice of the Limi	ted Liability Company is:
Principal Office Address:	Mailing	Address:	
25241 Elementary Way, Suite 103	25241 EI	ementary Way, Su	ite 103
Bonita Springs, FL 34135		orings, FL 34135	
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of			ii
DLF Registered Agent Ser	vice, LLC		
ì	Name		
10181-C Six Mile Cypress	Pkwy		
Florida street address	(P.O. Box <u>NO</u> ′	Γ acceptable)	
Fort Myers	FL	33966	
City		Zip	
Having been named as registered agent a liability company at the place designat registered agent and agree to act in this c statutes relating to the proper and comp accept the obligations of my position e	ted in this certifi apacity. I furth dete perform <mark>a</mark> nc	cate, I hereby a er agree to comp c of my duties, a	ecept the appointment as ply with the provisions of all and I am familiar with and
Registered Agent's	Signature (REC	QUIRED)	FILED 18 JUL 27 AM 9: 35 SECREJART OF STAIL FALLAHASSEF FLORIDA
			35 100A

ARTICLE IV-

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

<u>Title:</u>	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager				
MGR	Robert D. English, Jr.		_	
	25241 Elementary Way, Suite 103		_	
	Bonita Springs, FL 34135	_	-	
MGR	Barbara J. Hunget			
	25241 Elementary Way, Suite 103		_	
	Bonita Springs, FL 34135			
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TICLE V: Other provisions, if any.		-0	AH 9: 3	
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		iii.		_

REQUIRED 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.

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)