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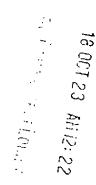
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COVER LETTER

	ew Filing Section ivision of Corporations	•	•
SUBJECT	WR Holdings LLC		
SUBJECT		Limited Liabilit	y Company
The enclos	ed Articles of Organization and fee(s)	are submitted	for filing.
Please retu	m all correspondence concerning this	matter to the fo	ollowing:
	Michael E. Warren		
		Name of I	Person
	AMJ Inc. of Gainesville		
		Firm/Cor	npany
	502 NW 16th Avenue, Suite 1		
		Addre	SS
	Gainesville / FL 32601		
	Mewarren@amjinc.com	City/State and	Zip Code
<u>-</u>		sed for future ar	nual report notification)
For further in	formation concerning this matter, ple		•
	Michael E. Warren	352	375 - 4600
	Name of Person	(Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fi	-	Certifie	Stiling Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	i I	Street Address New Filing Section Division of Corporations Clifton Building 1661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

(Must cont	ain the words "Limited	Liability Com	pany, "L.L.C.," or "LLC.")		
ARTICLE 11 - Address: The mailing address and street a	ddress of the principal o	office of the Li	mited Liability Company is:		
Princip	al Office Address:		Mailing Addres	<u>s</u> :	
502 NW 16th Avenue			502 NW 16th Avenue		
Suite 1			Suite 1		_
Gainesville, FL 3260)1		Gainesville, FL 32601		
	Michael E. Warren	Name		- ;	18 OC
		Name			Ē
	502 NW 16th Avenu	ie, Suite 1		•	23
	Florida street address (P.O. Box NOT acceptable)		OT acceptable)		2
	Gainesville	FL	32601	·~·	\sim
	City	State	Zip) 0:4.	AH 12: 22
		ointment as re	for the above stated limited liabilit gistered agent and agree to act in proper and complete performance	this capaci	ity. T

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager MGR	Michael E. Warren		
MON	502 NW 16th Avenue, Suite 1		
	Gainesville, FL 32601		<u> </u>
MGR	Alamandan D. Danas		
MUK	Alexander D. Reece 6000 Metrowest Blvd #101		
	Orlando, FL 32835		
			
		:	<u> </u>
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		 .	
(Use attachment if necessary)		Ę.,	\sim
FICLE V: Effective date, if other than the date of filing:		. .	22
n effective date is listed, the date must be specific and late of filing.)	l cannot be more than five business pplicable statutory filing requireme	s days prior to	or 90 days af
e: If the date inserted in this block does not meet the a document's effective date on the Department of State's			
document's effective date on the Department of State's			
document's effective date on the Department of State's			

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Michael E. Warren