

**L180003090893**

**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.**

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

From: Account Name : GARY, DYTRYCH & RYAN, P.A.  
Account Number : T19990000255  
Phone : (561)844-3700  
Fax Number : (561)844-2388

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

Email Address: JOHNDWEISSFISCH@GMAIL.COM

FILED  
18 OCT 25 AM 10:35  
SECRETARY OF STATE  
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 08-10-2018 BY 60322 UCBAW

**FLORIDA LIMITED LIABILITY CO.  
OFFT ISLAND WING, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$125.00 |

OCT 26 2018  
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

OFFT ISLAND WING, LLC.

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

Principal Office Address:

Mailing Address:

509 LAKE CHARM COURT  
OVIEDO, FL 32765

509 LAKE CHARM COURT  
OVIEDO, FL 32765

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JOHN D. WEISSFISCH

Name

509 LAKE CHARM COURT

Florida street address (P.O. Box **NOT** acceptable)

OVIEDO

FL

32765

City

State

Zip

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.

Registered Agent's Signature (REQUIRED)

John D. Weissfisch

(CONTINUED)

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TALLAHASSEE, FLORIDA

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

JOHN D. WEISSFISCH

509 LAKE CHARM COURT

OVIEDO, FL 32765

MGR

KATARINA SCHICKEDANZ

509 LAKE CHARM COURT

OVIEDO, FL 32765

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**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.

JOHN D. WEISSFISCH

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)

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