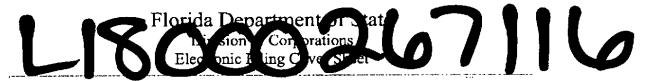
11/19/2018

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:\_

## FLORIDA LIMITED LIABILITY CO.

## WAI, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	· Company is:				
WAI, LLC				·	
(Must conta	in the words "Limited Li	ability Com	pany, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	dress of the principal offi	ice of the Li	mited Liability Company is:		
Principa	Office Address:		Mailing Ado	lress:	
16047 Collins Avenue	e		16047 Collins Avenue		
Suite 3404			Suite 3404	· · · · · · · · · · · · · · · · · · ·	
Sunny Isles Beach, Fl	L 33160	<del></del>	Sunny Isles Beach, FL 3316	<del>()</del>	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own R	tegistered A	l Agent's Signature: gent. You must designate an i	<i>≯5</i> .	26
The name and the Florida street a	ddress of the registered a	igent are:			
	Gavin Wolfe			معرف مسترات الرابان في	4C
	<u></u>	Name		16.5 T	5 5
	16047 Collins Avenue	Suite 3404			e fi
	Florida street address (	(P.O. Box <u>b</u>	OT acceptable)	~~· (	· · · ·
	Sunny Isles Beach	FI.	33160		и Э <i>Г</i> -
	City	State	Zip	ξ. σ	

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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

> /s/ Gavin Wolfe Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager MGR	
MOR	W Management LTC
	W Management, LLC 16047 Collins Avenue, Suite 3404
	Sunny Isles Beach, FL 33160
	Sumy Isles Deadt, I E 35100
	New your control of the control of t
	••
	14 July 1994 - M. 1994 - March
North Co. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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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)