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PHLEDIACE SECRETARY OF STATE

## **COVER LETTER**

	New Filing Section Division of Corporations		
SUBJEC	WWAB Properties LLC		
SUBJEC,		of Limited Liabi	lity Company
The enclo	sed Articles of Organization and fee	(s) are submitted	for filing.
Please ret	urn all correspondence concerning th	nis matter to the	following:
	Daniel A Smith		
		Name o	Person
	Daniel A Smith, EA		
		Firm/Co	ompany
	27149 Serrano Way		
		Add	ress
	Bonita Springs, Florida 34135		
	pacshco30@gmail.com	City/State ar	nd Zip Code
	E-mail address: (to be	used for future	annual report notification)
For further	information concerning this matter.	please call:	
	Daniel A Smith	239 at (	272-2342
	Name of Person		Daytime Telephone Number
Enclosed	is a check for the following amount:		
<b>\$</b> 125.00 F	S130.00 Filing Fee Certificate of State	ıs UCertif	00 Filing 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		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	erties LLC		
(Mu	st contain the words "Limited Lia	bility Company, "L.I	L.C.," or "LLC.")
RTICLE II - Address:			
he mailing address and s	treet address of the principal offic	e of the Limited Lia	bility Company is:
<u>P</u>	rincipal Office Address:		Mailing Address:
6903 Del_Mar	Тегтасе	693 Del	Mar Terrace
	****	Nonlos	Florida 34105
The Limited Liability Co nother business entity w	ed Agent, Registered Office, & I mpany cannot serve as its own Re ith an active Florida registration.) street address of the registered ag	Registered Agent's gistered Agent. You	Signature:
RTICLE III - Register The Limited Liability Co nother business entity w	ed Agent, Registered Office, & I mpany cannot serve as its own Re ith an active Florida registration.) street address of the registered ag  Paschco Montoya	Registered Agent's gistered Agent. You	Signature:
RTICLE III - Register The Limited Liability Co nother business entity w	ed Agent, Registered Office, & I mpany cannot serve as its own Re ith an active Florida registration.) street address of the registered ag  Paschco Montoya	Registered Agent's gistered Agent. You ent are:	Signature:
RTICLE III - Register The Limited Liability Co nother business entity w	ed Agent, Registered Office, & I mpany cannot serve as its own Re ith an active Florida registration.) street address of the registered ag  Paschco Montova N	Registered Agent's gistered Agent. You ent are:	Signature: I must designate an individual or
RTICLE III - Register The Limited Liability Co nother business entity w	ed Agent, Registered Office, & Impany cannot serve as its own Reith an active Florida registration.)  street address of the registered ag  Paschco Montova  N  6903 Del Mar Terrace	Registered Agent's gistered Agent. You ent are:	Signature: I must designate an individual or

(CONTINUED)

Registered Agent's Signature (REQUIRED)

SECRETARY OF STAT

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Paschco Montova MGR 6903 Del Mar Terrace Naples, Florida 34105 Tracey Montoya AMBR 6903 Del Mar Terrace Naples, Florida 34105 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: January 1, 2019 \_\_\_\_\_. (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.

Paschco Montoya

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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