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(Req	uestor's Name)	<u>.</u>
(Add	ress)	
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(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number	
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only

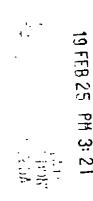


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SCURETARY OF GRAPE
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: WL HIII DLL.C Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
William (Hanks III
Name of Person
1615 Green St.
Address
Tall Fl. 32303
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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

ARTICLE I - Name:

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..

City

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

State

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)



<u>Title:</u> "AMBR" = Authorized "MGR" = Manager	Member	Name and Address:
MGR		William L 1991 15 11 1015 Geen 57 tall. Fl. 32303
	ssary)	
(Use attachment if nece		
ARTICLE V: Effective date, if of the life	date must be specific and block does not meet the a	pplicable statutory filing requirements, this date will not be listed a
ARTICLE V: Effective date, if of the date of filing.) Note: If the date inserted in this the document's effective date on	date must be specific and block does not meet the a the Department of State's	I cannot be more than five business days prior to or 90 days after pplicable statutory filing requirements, this date will not be listed a
ARTICLE V: Effective date, if o (If an effective date is listed, the the date of filing.)	date must be specific and block does not meet the a the Department of State's	I cannot be more than five business days prior to or 90 days after pplicable statutory filing requirements, this date will not be listed a

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 proyided 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)

SCURETARY & STAR

בנס אני איז איז הייבר ברובר