

2nd Request, Please handle original date 9/11/19
L19000227945
Thank

Florida Department of State
Division of Corporations
Electronic Filing System

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.

(((H19000274583 3)))



H190002745833ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.
Account Number : 075410002172
Phone : (239) 344-1100
Fax Number : (239) 344-1529

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

Email Address: hfra@henlaw.com

**FLORIDA LIMITED LIABILITY CO.
WML1, LLC**

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

J DENNIS

SEP 18 2019

FAX AUDIT NO.: H19000274583 3

ARTICLES OF ORGANIZATION
OF
WML1, LLC

19 SEP 17 PM 2:09

ARTICLE I-NAME

The name of the limited liability company shall be WML1, LLC (the "Company").

ARTICLE II-MAILING AND STREET ADDRESS

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

4703 Seastar Vista
Destin, FL 32541

ARTICLE III-EFFECTIVE DATE

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company are:

| <u>Name</u> | <u>Address</u> |
|---------------------------|--|
| HF Registered Agents, LLC | 1715 Monroe Street Fort Myers, FL 33901 |

ARTICLE V-PURPOSE

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

ARTICLE VI-MANAGEMENT OF THE COMPANY

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following are the names and addresses of the initial Managers who shall serve as the Managers of the Company until their successors are elected and qualified:

| <u>Name</u> | <u>Address</u> |
|--------------------|--|
| Andrew Marzka | 4703 Seastar Vista Destin, FL 32541 |

FAX AUDIT NO.: H19000274583 3

Sep. 17. 2019 8:19AM

No. 3229 P. 3

FAX AUDIT NO.: H19000274583 3

19 SEP 17 PM 2: 09

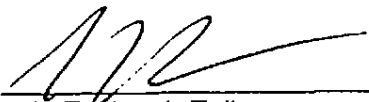
Kelly Marzka

4703 Seastar Vista
Destin, FL 32541

ARTICLE VII-OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being an authorized representative of the Members of the Company, has executed these Articles of Organization this 13th day of September 2019.



Erin E. Houck-Toll
Authorized Representative

FAX AUDIT NO.: H19000274583 3

FAX AUDIT NO.: H19000274583 3

19 SEP 17 PM 2:09

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

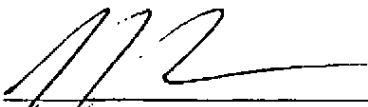
PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: WML1, LLC.
2. The name and address of the registered agent and office are:

HF Registered Agents, LLC
1715 Monroe Street
Fort Myers, FL 33901

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, Florida Statutes.

HF Registered Agents, LLC

By: 
Erin E. Houck-Toll, Vice President

FAX AUDIT NO.: H19000274583 3