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## COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Wahoo Pa	rTNers LLC rEimited Liability Company
The enclosed Articles of Organization and feet	s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
William	Hardy
102 Pon	derosa La Address
Midway	FL 32343
K Whitaker. 15-mail address: (10 be	FL 32343  City/State and Zip Code  35 @ Com cast. NeT  used for future annual report notification)
For further information concerning this matter,	please call:
William Hardy Name of Person	at ( <del>F5D</del> ) <u>556-7845</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount	
\$125.00 Filing Fee S130,00 Filing Fee Certificate of Stat	S155.00 Filing Fee & S160.00 Filing Fee.  Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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: The name of the Limited Liability C	Company is:					
Wah to (Must contain	the words "Limited Liabi	rs, LL lity Company.	"L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address	ress of the principal office	of the Limited	Liability Company is:			
Principal	Office Address:		Mailing Address:			
<del></del>		ρ	0 BOX 12873			
Midway, F	rosa Ln. -L 32343		DBOX 12873 allahassee, EL	3231	7	
ARTICLE III - Registered Agen (The Limited Liability Company of another business entity with an act	annot serve us its own Reg ive Florida registration.)	istered Agent.	rt's Signitture: You must designate an individud	dor Çk	26.50	
The name and the Florida street ad			I .	≟.	00	_
	William	me	14	AS.	編編 OCT -3	-
	102 Pon			음(교( 학교	3 AH 10: 2:	
	Florida street address (P	.O. Box <u>NOT</u> a	acceptable)	200 200	<u> </u>	(
	Midway,	FL_	32343	- 多為 日. 1	55	
	City	State	Zip		O,	
Having been named as registered as place designated in this certificate, I further agree to comply with the pro	hereby accept the appoint visions of all statutes relat	ment as register ing to the prope	red agent and agree to act in this	r capacity. 1 ny duties, an		

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)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMB C	Kelvin Whitaker  102 Ponderosa Ln.  Midway, FL 32343
_AMBR	William Hardy 5 5 416 Collins ford Ru. 5 Tallahassee FL 3230/00 5
AMBR	David L. Plummer 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(If an effective date is listed, the date m the date of filing.) <u>Note:</u> If the date inserted in this block o	the date of filing:
ARTICLE V: Effective date, if other than (If an effective date is listed, the date in the date of filing.)  Note: If the date inserted in this block of the document's effective date on the Dept.	loes not meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE V: Effective date, if other than (If an effective date is listed, the date in the date of filing.)  Note: If the date inserted in this block of	loes not meet the applicable statutory filing requirements, this date will not be listed as

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)