L1900273245

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certificates of Status					
Special Instructions to Filing Officer:					





500337019835

COUNTRY PRIZE

1/1/5/2019

وعاداتاتات

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500					
ACCOUNT NO. : 12000000195					
REFERENCE: 050361 8287610					
AUTHORIZATION Sprelle man					
COST LIMIT : \$ 125.00					
ORDER DATE : November 13, 2019					
ORDER TIME : 12:23 PM					
ORDER NO. : 050361-005					
CUSTOMER NO: 8287610					
DOMESTIC FILING					
NAME: WFCW ACQUISITION LLC					
EFFECTIVE DATE:					
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					
CONTACT PERSON: Kadesha Roberson - EXT.					
EXAMINER'S INITIALS:					

COVER LETTER

TO:	New Filing Section Division of Corporations					
SUBJE	WFCW Acquisition LLC					
SODJE	Name of Limited Liability Company					
The enc	losed Articles of Organization and	l fee(s) are subm	itted for filing.			
Please r	eturn all correspondence concerni	ng this matter to	the following:			
	Miguel Heras					
		Nan	e of Person			
	Clean Streak Ventures LLC	;				
	Firm/Company 980 North Federal Highway, Suite 315 Address					
	Boca Raton, Florida 33432					
	City/State and Zip Code					
	z.cedeno@invbahia.com E-mail address: (to	be used for fut	ure annual report notification)			
For furthe	r information concerning this matt	ter, please call:				
	Mike Kazma	561	9534164			
	Name of Person	at (Area Coo	e Daytime Telephone Number			
Enclosed	d is a check for the following amou	ant:				
\$125.00	Filing Fee \$130.00 Filing Certificate of S	Status LLCe	rtified Copy Certi donal copy is enclosed) Certif	00 Filing Fee, ficate of Status & Ted Copy nat copy is enclos		
	Mailing Address New Filing Section Division of Corporations	5	Street Address New Filing Section Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314			Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	isition LLC	113.35 . 0	W I C " . " I C " .	
(Mu	st contain the words "Limited	Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and s	treet address of the principal o	office of the Limited	Liability Company is:	
<u>P</u>	rincipal Office Address:		Mailing Ad	dress:
980 North Federal Highway, Suite 315		980	980 North Federal Highway, Suite 315	
Boca Raton, Flori	ida 33432		Raton, Florida 33432	
				
The name and the Florida:	street address of the registered	d agent are:		
	Corporation Contin	o Company		
	Corporation Service			
	Corporation Service	e Company Name		
	1201 Hays Street	Name		
	- 10	Name	cceptable)	
	1201 Hays Street	Name	cceptable)	
	1201 Hays Street Florida street addres	Name is (P.O. Box <u>NOT</u> a	•	
	1201 Hays Street Florida street addres Tallahassee City	Name is (P.O. Box <u>NOT</u> a FL State	32301 ∧ ^{Zip}	
	1201 Hays Street Florida street addres Tallahassee City nered agent and to accept serv	Name is (P.O. Box <u>NOT</u> a FL State ice of process for the	32301 Zip Zip copove stated limited lia	
lace designated in this certi	1201 Hays Street Florida street addres Tallahassee City	Name Is (P.O. Box <u>NOT</u> a FL State ice of process for the ointment as register	Zip Zip c apove stated limited lia ed agent and agree to ac	t in this capacity. 1
lace designated in this certi irther agree to comply with	1201 Hays Street Florida street addres Tallahassee City stered agent and to accept servificate, I hereby accept the app the provisions of all statutes in the obligations of my position	Name State ice of process for the ointment as register elating to the proper as registered agent	Zip Zip zapove stated limited lia ed ugent and agree to ac and complete performa	t in this capacity. I nce of my duties, and I
lace designated in this certi irther agree to comply with	1201 Hays Street Florida street addres Tallahassee City sered agent and to accept servificate, I hereby accept the app the provisions of all statutes re	Name State ice of process for the ointment as register elating to the proper as registered agent	Zip Zip zapove stated limited lia ed ugent and agree to ac and complete performa	t in this capacity. I nce of my duties, and I er 605, F.S
lace designated in this certi orther agree to comply with	1201 Hays Street Florida street address Tallahassee City sered agent and to accept servificate, I hereby accept the app the provisions of all statutes in the obligations of my position Corporation Serv	Name State ice of process for the ointment as register elating to the proper as registered agent	Zip Zip zapove stated limited lia ed ugent and agree to ac and complete performa	it in this capacity. I nce of my duties, and I er 605, F.S Harry B. Da
lace designated in this certi rther agree to comply with	1201 Hays Street Florida street address Tallahassee City sered agent and to accept servificate, I hereby accept the appointe provisions of all statutes rathe obligations of my position Corporation Servi	Name FL State ice of process for the ointment as register elating to the proper as registered agent ice Company	32301 Zip Zip copove stated limited lia ed agent and agree to ac and complete performa s provided for in Chapt	t in this capacity. I nce of my duties, and I er 605, F.S
lace designated in this certi orther agree to comply with	1201 Hays Street Florida street address Tallahassee City sered agent and to accept servificate, I hereby accept the appointe provisions of all statutes rathe obligations of my position Corporation Servi	Name State ice of process for the ointment as register elating to the proper as registered agent	32301 Zip Zip copove stated limited lia ed agent and agree to ac and complete performa s provided for in Chapt	it in this capacity. I nce of my duties, and I er 605, F.S Harry B. Di
lace designated in this certi irther agree to comply with	1201 Hays Street Florida street address Tallahassee City sered agent and to accept servificate, I hereby accept the appointe provisions of all statutes rathe obligations of my position Corporation Servi	Name FL State ice of process for the ointment as register elating to the proper as registered agent ice Company	32301 Zip Zip copove stated limited lia ed agent and agree to ac and complete performa s provided for in Chapt	it in this capacity. I nce of my duties, and I er 605, F.S Harry B. Da

BUSHING BURGES

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

•

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Andres Bethericourt
	980 North Federal Highway, Suite 315
	Boca Raton, Florida 33432
MGR	Christopher Woodburn
mon.	980 North Federal Highway, Suite 315
	Boca Raton, Florida 33432
	Boca Natori, Florida 33432
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
the date of filing.)	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
Signature of a member or This document is executed in acc	an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. tion submitted in a document to the Department of State as provided for in s.817.155, F.S.
Andres Bethencourt	

Filing Fees:

Typed or printed name of signce

\$ 125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)