

# L200000110395

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

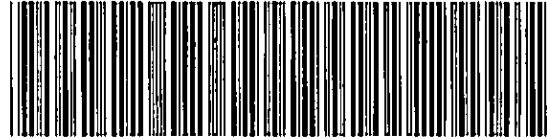
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2020 APR 21 AM 9:55  
CALL MASTER

COVER LETTER

TO: New Filing Section  
Division of Corporations

FILED  
2020 APR 21 AM 9:55  
TALLAHASSEE, FL

SUBJECT: Waymat Georgia Properties, LLC  
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:

Amber O'Connor

Name of Person

Waymat Georgia Properties, LLC

Firm/Company

3755 West Lake Hamilton Drive

Address

Winter Haven, FL 33881

City/State and Zip Code

aoconnor@alwaysfresh.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amber O'Connor at ( 863 ) 401-3404

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
2020 APR 21 AM 9:55  
S. J. WASSER

**ARTICLE I**  
**Name**

The name of this Limited Liability Company is:

WAYMAT GEORGIA PROPERTIES, LLC

**ARTICLE II**  
**Address**

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

3755 West Lake Hamilton Drive, Winter Haven, Florida 33881

**ARTICLE III**  
**Management**

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

**ARTICLE IV**  
**Initial Board of Managers**

This Limited Liability Company shall have two (2) managers initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Regulations of this Limited Liability Company, but shall never be less than one.

The name and address of the initial managers of this Limited Liability Company is as follows:

<u>Name</u>	<u>Street Address</u>
Wayne Giddings	3755 West Lake Hamilton Drive, Winter Haven, Florida 33881
Matthew Giddings	3755 West Lake Hamilton Drive, Winter Haven, Florida 33881

## ARTICLE V

### Registered Agent, Registered Office & Registered Agent's Signature

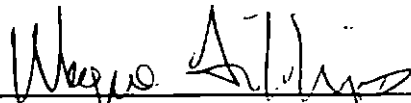
The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Amber O'Connor  
3755 West Lake Hamilton Drive  
Winter Haven, Florida 3388

*Having been appointed as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment as registered agent and agree 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.*



REGISTERED AGENT'S SIGNATURE



AUTHORIZED REPRESENTATIVE'S SIGNATURE

(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.).

WAYNE GIDDINGS, AUTHORIZED REPRESENTATIVE

Type or printed name of signee

**Street/Courier Address**

New Filing Section

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

850 - 245-6052