1/5/2021

Division of Corporations

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.

(((H210000037373)))



H210000037373ABCX

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972 : (917)243-5843 Fax Number

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

FLORIDA LIMITED LIABILITY CO. WTF STABLES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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January 7, 2021

FLORIDA DEPARTMENT OF STATE

BLUMBERG/EXELSIOR CORPORATE SERVICES, INC

SUBJECT: WTF STABLES LLC

REF: W21000001257

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please review the registered agent information as you are puting the address instead of the name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Lillie S Kervin Regulatory Specialist II

FAX Aud. #: H21000003737 Letter Number: 021A00000308

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:			
WTF STABLES LLC				
(Must conta	in the words "Limite	d Liability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	dress of the principal	office of the Li	mited Liability Company is:	
Princips	Office Address:		Mailing Address:	
4402 S. FERNCROFT	AVE		4402 S. FERNCROFT AVE	
TAMPA, FL 33609			TAMPA, FL 33609	
another business entity with an ac	cannot serve as its ov tive Florida registrat	n Registered A ion.)	Agent's Signature: gent. You must designate an individu	ial or
The name and the Florida street a	didress of the register	ed agent are:		
	WILLIAM T FREI	EMAN		
		Name		
	4402 S. FERNORO	OFT AVE		
	Florida street addre	ess (P.O. Box N	OT acceptable)	
	ТАМРА	FL	33609	
	City	State	Zip	

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..

(CONTINUED)

2021 July -7 J. 1110: 03

ARTICLE IV-

EOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. 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.	litle:	Name and Address:	
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