

L21000067902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

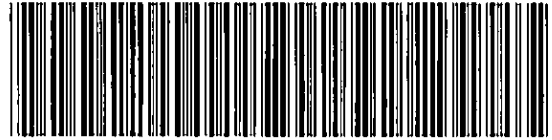
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED

2021 FEB 17 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FL

2021 FEB 17 PM 1:07

CLERK OF COURT

2/15/21

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 2/17/2021

****WALK IN****

ENTITY NAME W&Y DISTILLATION TECHNOLOGIES, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX	<i>Plain Copy</i>
XXXX	<i>Certified Copy</i>
XXXX	<i>Certificate of Status</i>

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

_____	<i>Certified Copy of Arts & Amendments</i>
_____	<i>Certified Copy of Arts & Amendments Complete File (Including Annual Reports)</i>
_____	<i>Certificate of Status</i>
_____	<i>Certificate of Status Reflecting: _____</i>

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 160.00

ACCOUNT # 120140000108
United Corporate
Services, Inc.

Keith Haggard

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: W&Y Distillation Technologies, 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:

John R. Weyrauch Jr.

Name of Person

W&Y Distillation Technologies, LLC

Firm/Company

713 Manns Harbor Drive

Address

Apollo Beach, FL 33572

City/State and Zip Code

johnw@wytechnologies.net

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

For further information concerning this matter, please call:

John R. Weyrauch	570	417-4945
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 FEB 17 AM 11:07

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FL

W&Y Distillation Technologies, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

713 Manns Harbor Drive

Apollo Beach, FL 33572

713 Manns Harbor Drive

Apollo Beach, FL 33572

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

John R. Weyrauch Jr.

Name

713 Manns Harbor Drive

Florida street address (P.O. Box **NOT** acceptable)

Apollo Beach

Florida

33572

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..

John R. Weyrauch Jr.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

John R. Weyrauch Jr.
713 Manns Harbor Drive
Apollo Beach, FL 33572

AMBR

Zhi Xuan Yang, c/o K Ng, CPA
58-12 208th Street
Oakland Gardens, NY 11364

SECRETARY OF STATE
TALLAHASSEE, FL

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

John R. Weyrauch Jr.

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.

John R. Weyrauch Jr.

Typed or printed name of signer

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)