

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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08/27/21--01012--008 **125.00

SECRETARY OF STITE





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

'RTICLE I - Name: The name of the Limited Liability Company is:		
WD Enterprises, LLC		
(Must contain the words "Limited L	iability Company, "L	.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited L	ability Company is:
Principal Office Address:		Mailing Address:
7493 NW 4th Street	-same-	
Plantation, FL 33317		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent, Yo	ou must designate an individual or
The name and the Florida street address of the registered		
	agent are:	
The name and the Florida street address of the registered		
The name and the Florida street address of the registered James R. Sullivan 7493 NW 4th Street	agent are: Name	
The name and the Florida street address of the registered <u>James R. Sullivan</u>	agent are: Name	eptable)
The name and the Florida street address of the registered James R. Sullivan 7493 NW 4th Street	agent are: Name	eptable)
The name and the Florida street address of the registered James R. Sullivan 7493 NW 4th Street Florida street address	Name (P.O. Box NOT acc	

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..

Registed Agent's Signature (REQUIRED)

(CONTINUED)

2021 AUG 27 AH 7: 34 SEGRETARY OF STAR ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Membe	भ
"MGR" = Manager	I D Cullings
MGR	James R. Sullivan 7493 NW 4th Street
	Plantation, FL 33317
AN IDD	Timothy Yandell
<u>AMBR</u>	937 Dixon Blyd.
	Cocoa, FL 32922
(If an effective date is listed, the date of the date of filing.) Note: If the date inserted in this block the document's effective date on the December 1971 (I. D.	
The purpose for which this Limited Lia	bility Company is organized is: any and all lawful business.
REQUIRED SIGNATURE:	Willall
This docume	are of a member or an authorized representative of a member. In is executed in accordance with section 605.0203 (1) (b), Florida Statutes. In any false information submitted in a document to the Department of State whird degree felony as provided for in s.817.155, F.S.
<u>James</u>	R. Sullivan Typed or printed name of signee
	Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

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