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(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer.	





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ALLAHASSEE, FLOT

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

WA 8203 LLC		
		-
		Art of Inc. File
		-
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by: SETH	i	UCC 1 or 3 File
Name	Date Time	UCC 11 Search
	11 H 12 D 1 D 1	UCC 11 Retrieval
Walk-In	•	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

WA 8203, LLC	
(Must contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ion of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
•	
Principal Office Address:	Mailing Address:

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

another business entity with an active Florida registration.)

LAW OFFICES OF SCO	JII A FRANK	., PA
N	ame	
3201 W COMMERCIAL	BOULEVAR	D, SUITE 218
Florida street address (P	.O. Box <u>NOT</u> a	ecceptable)
FORT LAUDERDALE	FL	33309
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)



41 1 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3	Name and Address:
"AMBR" = Authorized Membe	er
"MGR" = Manager	
MGR	EYAL MEHABER 1720 HARRISON STREET, UNIT 17A
	HOLLYWOOD, FL 33020
77. 1	
(Use attachment if necessary)	
CLE V: Effective date, if other that	n the date of filing: (OPTIONAL)
CLE V: Effective date, if other that effective date is listed, the date m	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 days after
ICLE V: Effective date, if other that effective date is listed, the date in the of filing.)	ust be specific and cannot be more than five business days prior to or 90 days after
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Filing Fees:

Typed or printed name of signee

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

SCOTT A FRANK, ESQ., DULY AUTHORIZED

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)