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(Re	equestor's Name)		
(Ad	ldress)		
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(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			





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SIECO TUR'S OFFICE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

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Department of State
Division of Corporations

Date: 04/21//22

American Expediting (Stealth Courier) 1531 Commonwealth Business Dr. Ste 105 Tallahassee, Fl. 32303 850-294-5632

Stealth Courier Box

Company: Wirick LLC

Requester: Meridian Partners

Order: 13900841

COVER LETTER

TO: New Filing Se Division of Co			
SUBJECT: Wirick L	LC		
		nited Liability Company	
The enclosed Articles o	Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
Andrea F	Roman		
		Name of Person	
Meridian	Partners Law		
		Firm/Company	
4923 We	st Cypress Street		
		Address	
Tampa, F	Florida 33607		
azurodo@	Ci meridianpartnerslaw	ity/State and Zip Code	
		for future annual report notificati	ion)
	oncerning this matter, please	•	,
Andre	ea Roman at (0
Nan	ne of Person Ar	rea Code Daytime Telephon	
Enclosed is a check for t	he 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)
	ng Address	Street Address New Filing Section Di	Vician

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

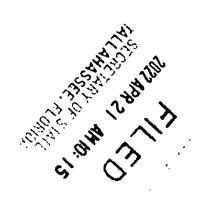
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Wirick LLC				
(Must	contain the words "Limited L	iability Company,	"L.L.C.," or "ELC.")	
ARTICLE II - Address: The mailing address and stre	et address of the principal off	ice of the Limited	I Liability Company is:	
Principal Office Address:			Mailing Address:	
475 110 40 41 7		175	US-19 ALT	
175 US-19 ALT		113	03-19 ALT	
Palm Harbor, FL 3- ARTICLE III - Registered The Limited Liability Companion their business entity with	Agent, Registered Office, &	Registered Age Registered Agent.	n Harbor, FL 34683	
Palm Harbor, FL 3- ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & pany cannot serve as its own F an active Florida registration	Registered Age Registered Agent.	n Harbor, FL 34683 nt's Signature:	
Palm Harbor, FL 3- ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & pany cannot serve as its own F an active Florida registration rect address of the registered at Bryan W. Sykes, Esq.	Registered Age Registered Agent.	n Harbor, FL 34683 nt's Signature:	
Palm Harbor, FL 3- ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & pany cannot serve as its own F an active Florida registration rect address of the registered at Bryan W. Sykes, Esq.	Registered Age Registered Agent.) agent are:	n Harbor, FL 34683 nt's Signature:	
Palm Harbor, FL 3- ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & pany cannot serve as its own Frant an active Florida registration reet address of the registered at Bryan W. Sykes, Esq.	Registered Age Registered Agent. Agent are: Name	n Harbor, FL 34683 nt's Signature: You must designate an individual or	
Palm Harbor, FL 3- ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & pany cannot serve as its own F an active Florida registration reet address of the registered at Bryan W. Sykes, Esq.	Registered Age Registered Agent. Agent are: Name	n Harbor, FL 34683 nt's Signature: You must designate an individual or	

(CONTINUED)

Registered Agent's Signature (REQUIRED)



ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Michael Andoniades
	175 US-19 ALT
	Palm Harbor, FL 34683
	Tallittator, Le vivod
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the da	ate of filing: (OPTIONAL)
(If an affective data is listed the data was been	acorming(Or normal)
	specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	
	t meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departmen	nt of State's records.
-	
ARTICLE VI: Other provisions, if any.	
Any and all lawful business	
	· · · · · · · · · · · · · · · · · · ·
DEMHIDENCIONATURE	
REOUIRED SIGNATURE:	14.11
Signature of a r	nember or an authorized representative of a member.
This document is exec	cuted in accordance with section 605.0203 (1) (b), Florida Statutes.
	lse information submitted in a document to the Department of State
	ree felony as provided for in s.817.155, F.S.

Bryan W. Sykes / Authorized Representative

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)

- \$ 5.00 Certificate of Status (Optional)