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· (Re	questor's Name)	
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(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: New Divis	Filing Section sion of Corporations
SURJECT:	WB Family Real Estate LLC. Name of Limited Liability Company
The enclosed	Articles of Organization and fee(s) are submitted for filing.
Please return a	ll correspondence concerning this matter to the following:
	Andrew G. Spiros, Esq.
	Name of Person
	Firm/Company
	16 Sunderland Lane Address
	Address
<u></u>	
	Katonah NY 10536 d City/State and Zip Code AGSLTD99 pol. Com
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
<u>An</u>	Name of Person at (9/4) 329-5869
	Name of Person Area Code Daytime Telephone Number
Enclosed is a ch	neck for the following amount:
ජ\$ 125.00 Filin	rig Fee ☐\$130.00 Filing Fee & ☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate of Status & 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

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE: 184037 7566114
AUTHORIZATION: Sapellille man
COST LIMIT : \$ 125.00
ORDER DATE : December 6, 2022
ORDER TIME : 1:41 PM
ORDER NO. : 184037-005
CUSTOMER NO: 7566114
DOMESTIC FILING
NAME: WB FAMILY REAL ESTATE, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Lial	bility Company is:				
W	B Family /	Real Est.	te, LLC.		
(Must c	onatin the words Limite	d Liability Compan	y, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and stree					
800 SE DeerField	cipal Office Address: 20th Ave Sund Bench FL 3344	_	Mailing Address: 46 Andrew G. Spirus 800 St 20 B Ave Suite Deerfield Beach FL	Esq. 100j	
, , , , , , , , , , , , , , , , , , ,	n active Florida registrati	n Registered Agent ion.)	ent's Signature: . You must designate an individual or		SEAND
The name and the Florida stree	et address of the registere	d agent are:)EC	SK SK
	Corporation Service	Company		9-	~ 유됐
		Name		2*4	
	1201 Hays Street			<u> </u>	- 70
	Florida street addre	ss (P.O. Box <u>NOT</u>	acceptable)	<u>.</u>	` -
	Tallahassee	<u> </u>	32301	•	£.;
	City	State	Zip		
further agree to comply with the i	orovisions of all statutors	oiniment as register elating to the prope, as registered agent ice Company	e above stated limited liability companed agent and agree to act in this caputer and complete performance of my dutions provided for in Chapter 605, F.S		

(CONTINUED)

The name and address of each person a	outhorized to manage and control the Limited Liability Company:	
<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
MGR" = Manager M C D		
_/14/1	_ Andrew G. Spiros	
	800 SE ZUEL AR S. TR NU	
	Deerngo Beach 1-6 3344/	
MGR	Andrew J. Spires	9
	- 3 Shashore Vilye	DIVIS
44.5.0	- Kitema NY 10536	l Cu o
MGR	Choic Saillian	
	22 Lee Road	
	SOMERS, NY 10589	•
MGR	W. J. C. II	-
	Kristin Spilling	· ~•
	- 22 Let 1904d	-l
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date If an effective date is listed, the date must be spe he date of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days a	a îter
Note: If the date inserted in this block does not make the document's effective date on the Department of	seet the applicable assessed a ST	ted a
RTICLE VI: Other provisions, if any.	or cruite 3 records.	
- Content provisions, it any.		
REQUIRED SIGNATURE:	γ	
	/ / A Ani	
Simula	meren Depros	
Signature of a men This document is execute	nher or an authorized representative of a member.	
	information submitted in a document to the Department of State	
constitutes a third degree	felony as provided for in s.817.155, F.S.	
Ana	Irow G' Spiras	
	Typed or printed name of signee	
	Para es	

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

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)