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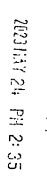
| | (Requestor's Name) | |
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| | (Address) | |
| | (, , , , , , , , , , , , , , , , , , , | |
| | (Address) | |
| | (City/State/Zip/Phone #) | |
| PICK-UP | WAIT | MAIL MAIL |
| | (Business Entity Name) | |
| | (Document Number) | <u> </u> |
| Certified Copies | Certificates of | Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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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

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|---------------------------------------|--------------------------------|
| WR Flagler LLC | _ |
| | <u> </u> |
| Please Debit I20000000257 For: 125 | |
| Thank you Seth Neeley | |
| 1.45 | |
| | 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 |
| Signature // | Vehicle Search |
| | Driving Record |
| Requested by: SETH 05/23 | UCC) or 3 File |
| | UCC 11 Search |
| Name Date Time | UCC 11 Retrieval |
| Walk-In Will Pick Up | Courier |

COVER LETTER

| Division of Corporations | |
|--|---|
| SUBJECT: WR FLAGLER LLC | |
| | Liability Company |
| The enclosed Articles of Organization and fee(s) are sub- | mitted for filing. |
| Please return all correspondence concerning this matter to | o the following: |
| irving v | VEISSELBERGER |
| Na | me of Person |
| | Y INVESTMENTS LLC |
| Fi | rm/Company |
| 19790 WEST DIXII | |
| | Address |
| MIAMI, FL 33180 | ate and Zip Code |
| | DRAGONFLYRI.COM |
| E-mail address: (to be used for fi | iture annual report notification) |
| For further information concerning this matter, please call: | |
| IRVING WEISSELBERGER at (305 |) 319-0662 |
| Name of Person Area C | ode Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| Certificate of Status (| □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy ditional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address | Street Address |
| New Filing Section Division of Corporations | New Filing Section Division The Centre of Tallahassee |
| P.O. Box 6327 Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | WR FLAGLER LLC | | | | |
|--|-------------------------------|---|--|-------------|----------------|
| | | | "L.L.C.," or "LLC.") | | |
| ARTICLE II - Address: The mailing address and street add | dress of the principal | office of the Limited | Liability Company is: | | |
| Principal Office Address: | | | Mailing Address: | | |
| 1200 NW 78th Avenue, Suite 203 Doral, FL 33126 | | | 1200 NW 78th Avenue, Suite 203 Doral, FL 33126 | | |
| (The Limited Liability Company c another business entity with an ac The name and the Florida street ac | tive Florida registrati | on.) | J | , | 2023 hay 24 pu |
| | 19790 | Name) West Dixie Highwass (P.O. Box NOT a | | | ၁ |
| | 19790 | Name) West Dixie Highwa | | · · | ၁ |
| | 19790 Florida street addre | Name) West Dixie Highwass (P.O. Box <u>NOT</u> a | cceptable) | | ၁ |

(CONTINUED)

ARTICLE IV-

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

| Title: | | Name and Address: | | | |
|---|--|---|---|----------------|---------|
| | uthorized Member | | | | |
| "MGR" = Ma | nager | | | | |
| MGR | | 2157 FLAGLER MANAC | GER LLC | | |
| · · · | | 5536 SW 8th St | | | |
| | | Coral Gables, FL 33134 | | | |
| | | | | | |
| MGR | | FLAGLER AP MANAGI | ER. LLC | | |
| | | FLAGLER AP MANAGI 1200 NW 78th Avenue, Suite | 203 | | |
| | | Doral, Florida 33126. | | | |
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| (Use attachme | ent if necessary) | | | (A) | |
| | | of filing: | | | |
| n effective date is l late of filling.) e: If the date insert | isted, the date must be sp | ecific and cannot be more than five meet the applicable statutory filing | ve business days pri | ior to or 90 d | • |
| ICLE VI: Other pr | rovisions, if any. | | | | |
| REOUIRED | SIGNATURE: | | | | |
| | | | | | |
| | This document is execut I am aware that any false | ember or an authorized represented in accordance with section 605, e information submitted in a docume felony as provided for in s.817.15 | .0203 (1) (b), Floridnent to the Departme | la Statutes. | |
| | | Irving Weisselberger Typed or printed name of signee | | - | |
| | | i yped 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)