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**Incorporating Services, Ltd.**

1540 Glenway Drive  
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www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 9/20/2023

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1181248

**ORDER ENTITY**  
WOXER LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

WOXER LLC ( FL )

New LLC filing

**NOTES:**

\$125.00 Authorized

Email address for annual report reminders: mpaska@spinationwide.com /

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "Vg" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**ARTICLES OF ORGANIZATION  
OF  
WOXER LLC**

**ARTICLE I: NAME**

The name of the limited liability company is Woxer LLC (the "LLC").

**ARTICLE II: ADDRESS**

The mailing address and street address of the principal office of the LLC is 6340 NE 4th Ct., Miami, Florida 33138.

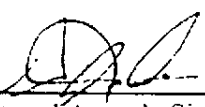
**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE  
& REGISTERED AGENT'S SIGNATURE**

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

Alexandra Fuente  
6340 NE 4th Ct.  
Miami, Florida 33138

*Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, 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 of the Florida Statutes.*

By: \_\_\_\_\_

  
Registered Agent's Signature

**ARTICLE IV: MANAGERS/MEMBERS**

The name and address of each person authorized to manage and control the LLC:

Alexandra Fuente, Manager  
6340 NE 4th Ct.  
Miami, FL 33138

## ARTICLE V: PURPOSE

The LLC is being formed for the purpose of transacting any and all lawful business for which a limited liability company may be organized under the Florida Revised Limited Liability Company Act.

In accordance with Section 605.0203(1)(b) of the Florida Revised Limited Liability Company Act, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Florida Department of State constitutes a third-degree felony as provided for in Section 817.155 of the Florida Statutes.



Alexandra Fuente, Authorized Representative

2023 JUN 14 9:55

ED