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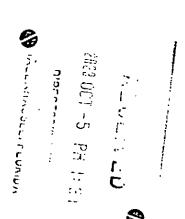
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:





500416678385

S. CHETHAM



CT CORP

(850)656-4724 3458 Lakeshore Drive, Tallahassee, FL 32312

10/05/2023

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		Acc#I20160000072	4: () = V
Name:	WI FL ACQL	JISITION, LLC	
Document #:			
Order #:	15154967		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:			
Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing:	Certified: Plain: COGS:		Email Address for Annual Report Notifications
Availability Document Examiner Updater Verifier W.P. Verifier	Amount: \$	155.00	

Thank you!

COVER LETTER

	New Filing Sec Division of Co				
eun ire		QUISITION, LLC			
SUBJEC	Т:	Name	of Limited Liabil	ity Company	
The enclo	osed Articles of	Organization and fee	(s) are submitted	l for filing.	
Please ret	turn all corresp	ondence concerning t	his matter to the	following:	
	MARK BEI	LLISSIMO			
		<u>-</u> . <u>-</u>	Name of		
	WLFL ACC	QUISITION, LLC			
			Firm/Co	ompany	
	13500 Souti	h Shore Blvd			
			Add	ress	
	Wellington,	FL 33414			
	markb@buile	dz.com	City/State ar	nd Zip Code	
		E-mail address: (to be	e used for future	annual report notificati	on)
For further	r information co	oncerning this matter,	please call:		
	BRUCERO	SETTO	561 at (650-7940	
	Nan	ne of Person	· ' 	Daytime Telephon	
Enclosed	is a check for	the following amount	:		
□\$1 25.0	00 Filing Fee	□\$130.00 Filing Certificate of Stat	us Certif	55.00 Filing Fee & Ted Copy hal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New I Divisi P.O. I	ng Address Filing Section ion of Corporations Box 6327 nassee, FL 32314		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

FL052 - 04/16/2020 Walters Kluwer Online

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

WI FL ACQUISI	TION, LLC		
	ontain the words "Limited Lic	ability Company, "I	lC.," or "LLC.")
RTICLE II - Address: he mailing address and stree	t address of the principal offi	ice of the Limited L	iability Company is:
Princ	cipal Office Address:		Mailing Address:
13500 South Shor	e Blvd	13500	South Shore Blvd
Wellington, FL 33		Wellin	igton, FL 33414
RTICLE III - Registered /	Agent, Registered Office, & any cannot serve as its own R	Registered Agent	
ARTICLE III - Registered A The Limited Liability Compa another business entity with a	Agent, Registered Office, & any cannot serve as its own R an active Florida registration.	Registered Agent egistered Agent, Yo) gent are:	's Signature:
ARTICLE III - Registered A	Agent, Registered Office, & any cannot serve as its own R an active Florida registration. eet address of the registered a	Registered Agent egistered Agent, Yo) gent are:	's Signature:
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, & any cannot serve as its own R an active Florida registration. eet address of the registered a	Registered Agent egistered Agent, Yo) gent are: m Name	's Signature:
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, & any cannot serve as its own R an active Florida registration. Let address of the registered a C T Corporation System	Registered Agent egistered Agent. Yo) gent are: m Name	's Signature: ou must designate an individual or
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, & any cannot serve as its own R an active Florida registration. Let address of the registered a CT Corporation System 1200 South Pine Island	Registered Agent egistered Agent. Yo) gent are: m Name	's Signature: ou must designate an individual or

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..

C T Corporation System

By:

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

	Name and Address:
<u>"itle:</u> AMBR" = Authorized Member	
MGR" = Manager	
C	A A D 10 1
MGR	Mark Bellissimo 13500 South Shore Blvd Wellington, FL 33414
	13500 South Shore Bivo
	Wellington, Pt. 33414
	•
	<u>`</u>
CV: Effective date, if other than the ctive date is listed, the date must l	e date of filing:
ctive date is listed, the date must I f filing.) the date inserted in this block does ment's effective date on the Departi	be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
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