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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

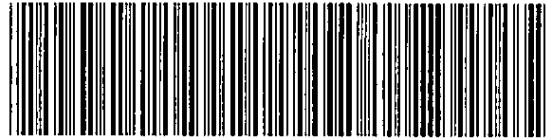
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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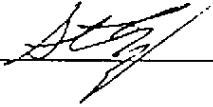
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

WRMT, LLC

Please Debit FCA000000003 For: 130

Thank you Seth Neeley



____ 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 _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature

Requested by: SN

Name

Date

Time

Walk-In

Will Pick Up

TO: Registration Section
Division of Corporations

SUBJECT: WRMT, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenneth R. Fountain, Esq.
Fountain, Bridgford & Porath
2045 Fountain Professional Ct., Suite A
Navarre, Florida 32566
E-mail address (to be used for future annual report notification): Fountain@FountainLaw.com

For further information concerning this matter, please call:

Kenneth R. Fountain, Esq. at (850) 939-3535

Enclosed is a check for the following amount: \$130.00 Filing Fee and Certificate of Status

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF ORGANIZATION
OF
WRMT, LLC**

ARTICLE I – NAME

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

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

721 Wild Heron Way
Panama City Beach, Florida 32413

Mailing Address:

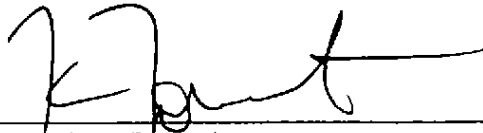
721 Wild Heron Way
Panama City Beach, Florida 32413

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

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

Kenneth R. Fountain, Esq.
Fountain, Bridgford & Porath
2045 Fountain Professional Ct., Ste A
Navarre FL 32566

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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, F.S.



Kenneth R. Fountain

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

AMBR

Hilary Farnum-Fasth
721 Wild Heron Way
Panama City Beach, FL 32413

AMBR

Christoffer Fasth
721 Wild Heron Way
Panama City Beach, FL 32413

AMBR

Brandon Roberson
721 Wild Heron Way
Panama City Beach, FL 32413

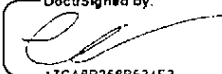
AMBR

Iris Roberson
721 Wild Heron Way
Panama City Beach, FL 32413

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be January 23, 2024.

REQUIRED SIGNATURE:

DocuSigned by:

17CAB25AB534F3

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Hilary Farnum-Fasth

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY WRMT, LLC, SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is WRMT, LLC.

2. The name and the Florida street address of the registered agent and office are:
Kenneth R. Fountain, Esq.,
2045 Fountain Professional Ct., Ste A
Navarre FL 32566

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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, Florida Statutes.



Kenneth R. Fountain
Registered Agent

2022