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COVER LETTER

	ivision of Co						
SUBJECT	WhappPro	LLC					
		N	ame of Lin	nited Liab	ility (Сотралу	
The enclos	sed Articles of	Organization ar	id fee(s) ar	e submitte	d for	filing.	
Please retu	ırn all corresp	ondence concern	ing this ma	atter to the	follo	wing:	
	Mauricio A.	Sanchez					
		. • •		Name o	f Per	son	
	WhappPro I	LLC					
				Firm/C	ompa	nny	
	3105 NW 10	7th Ave Suite 40)0				
				Ado	lress		
	Doral					FL	33172
	C Cb		C	City/State a	ınd Zi	p Code	
	info@whapp		to he used	for future	annu	al report notifical	tion)
For further i		ncerning this ma	tter, please			370- 9 928	•
		ne of Person	at (A	rea Code	(]	Daytime Telephor	ne Number
Enclosed is	s a check for t	he following am	ount:				
∑ \$125.00	Filing Fee	□\$130.00 Fil Certificate of		Certi	fied C	Filing Fee & Copy opy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
					Α.		

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

)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE L. Nome.

WhappPro LLC				
(Must co	ontain the words "Limited	Liability Comp	pany, "L.L.C.," or "LLC.")	
RTICLE II - Address:				
he mailing address and stree	t address of the principal o	flice of the Lir	mited Liability Company is:	
<u>Princ</u>	ripal Office Address:		Mailing Address:	
3105 NW 107th Av	ve Suite 400		3105 NW 107th Ave Suite 400	
Doral, FL 33172			Doral, FL 33172	
	iny cannot serve as its own	Registered Ag		ual o
	iny cannot serve as its own in active Florida registratio et address of the registered	Registered Ag n.) agent are:	Agent's Signature:	lual o
The Limited Liability Compa nother business entity with a	iny cannot serve as its own in active Florida registratio	Registered Agn.) agent are:	Agent's Signature:	ual o
The Limited Liability Compa nother business entity with a	iny cannot serve as its own in active Florida registratio et address of the registered	Registered Ag n.) agent are:	Agent's Signature:	ualo
The Limited Liability Compa nother business entity with a	iny cannot serve as its own in active Florida registratio et address of the registered	Registered Agn.) agent are:	Agent's Signature:	lual o
The Limited Liability Compa nother business entity with a	iny cannot serve as its own in active Florida registration et address of the registered Northwest Registered	Registered Agn.) agent are: Agent LLC Name	Agent's Signature: ent. You must designate an individ	lual o
The Limited Liability Compa nother business entity with a	iny cannot serve as its own in active Florida registration active Florida registration et address of the registered Northwest Registered 7901 4th St N	Registered Agn.) agent are: Agent LLC Name	Agent's Signature: ent. You must designate an individ	

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Membe	
"MGR" = Manager MGR	Manuel Hernandez
MGK	3105 NW 107th Ave Suite 400
	Doral, El. 33172
	Mauricio Sanchez
MGR	3105 NW 107th Ave Suite 400
	Doral, FL 33172
	DO(8), FE 331/2
(Use attachment if necessary)	
(If an effective date is listed, the date m the date of filing.)	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 days after does not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	eumi Sel
Signatur This document I am aware that constitutes a th	re of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State ind degree felony as provided for in s.817.155, F.S.
Mauricio	o A. Sanchez

Typed 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)

COVER LETTER

TO:	New Filing Sec Division of Co				
SUBJEC	WhappPro	LLC			
50202		Name of	Limited Liabi	lity Company	···
The encl	osed Articles of	f Organization and fee(s)	are submitte	d for filing.	
Please re	turn all correspo	ondence concerning this	matter to the	following:	
	Mauricio A.	Sanchez			
			Name o	f Person	
	WhappPro I	LLC			
			Firm/C	ompany	
	3105 NW 10	07th Ave Suite 400			
			Add	ress	
	Doral			FL	33172
			City/State at	nd Zip Code	
	info@whapp				
	1	E-mail address: (to be us	ed for future	annual report notific	cation)
For further	information co	oncerning this matter, ple	ase call:		
	Mauricio	Sanchez at (786	370-9928	
	Nam	ne of Person	Area Code	Daytime Teleph	none Number
Enclosed	is a check for t	he following amount:			
万 \$125.€	00 Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certif	5.00 Filing Fee & ied Copy al copy is enclosed	☐\$160.00 Filing Fee, 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must	ontain the words "Limited Lia	ability Com	Dany "LLC " or "LLC")
	ontain the words Entitled En	aonity Conq	pany, L.L.C., or LLC.
LE II - Address:	at addrass af the mineinal affi		Sear Charles Co.
ming address and stre	et address of the principal offi	ce of the Lii	mited Liability Company is:
<u>Prir</u>	cipal Office Address:		Mailing Address:
	ve Suite 400		3105 NW 107th Ave Suite 400
3105 NW 107th A	Cana 700		
Doral, FL 33172 CLE III - Registered imited Liability Composition business entity with	Agent, Registered Office, &	egistered Ag	Doral, FL 33172 Agent's Signature: gent. You must designate an individu
Doral, FL 33172 CLE III - Registered imited Liability Composition business entity with	Agent, Registered Office, & any cannot serve as its own Rean active Florida registration. eet address of the registered agent Northwest Registered A	egistered Ag) gent are: .gent LLC	Agent's Signature:
Doral, FL 33172 CLE III - Registered imited Liability Composition business entity with	Agent, Registered Office, & any cannot serve as its own Rean active Florida registration. eet address of the registered agent Northwest Registered A	egistered Ag) gent are:	Agent's Signature:
Doral, FL 33172 CLE III - Registered imited Liability Composition business entity with	Agent, Registered Office, & any cannot serve as its own Rean active Florida registration. The eet address of the registered as Northwest Registered A	egistered Ag) gent are: gent LLC Name	Agent's Signature: gent. You must designate an individu
Doral, FL 33172 CLE III - Registered imited Liability Composition business entity with	Agent, Registered Office, & any cannot serve as its own Rean active Florida registration. eet address of the registered agent Northwest Registered A	egistered Ag) gent are: gent LLC Name	Agent's Signature: gent. You must designate an individu

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Manuel Hemandez 3105 NW 107th Ave Suite 400 Doral FL 33172 Mauricio Sanchez MGR 3105 NW 107th Ave Suite 400 Doral, FL 33172 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any, **REQUIRED SIGNATURE:**

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.

Mauricio A. Sanchez

Typed 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)