Division of Corporations

1220-24 Florida Department of State Division of Corporation a cover sheet. Type the la (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 : (845)425-0077 Phone Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO.

WF Jupiter VA LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00



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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited	Liability Company is:

WF Jupiter VA LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Page: 2 of 3

Address:	Principal Office Address:
204	righton Road Suite 204
	rion NJ 07012
-	ton NJ 07012

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another business entity with an active Florida registration.)

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

Veorp Agent Service	es, Inc.	
	Name	
1200 South Pine Isk	ınd Road	
Florida street addres	s (P.O. Box <u>NOT</u> ac	rceptable)
Plantation	Fl <u>.</u>	33324
City	State	Zip

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.,

/s/Taylor Lolya	
Registered Agent's Signature (REQUIRED)	_

(CONTINUED)

ARTICLE IV-

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

Page: 3 of 3

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
-	N. C. P. W. C.
AMBR	Natiali Weiss 4 Brighton Rd Suite 204 Clifton NJ 07012
AMBR	Joshua Fogel
	4 Brighton Rd Suite 204 Clifton NJ 07012
	20
	<u> </u>
(Use attachment if necessary)	o , T
If an effective date is listed, the date must be some date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department.	te of filing:
ARTICLE VI: Other provisions, if any.	
<u>REOURED</u> SIGNATURE:	
	oshua Fogel
Signature of a n This document is exec I am aware that any fal	nember or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
Joshua Fogel	
	Typed or printed name of signee
	Pillian Com

<u>Filing Fees:</u>

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)