

U24000530786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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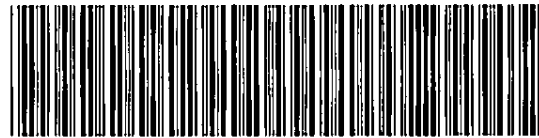
(Business Entity Name)

(Document Number)

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- 1. WCG HQ LLC  
(CORPORATE NAME AND DOCUMENT #)
- 2.   
(CORPORATE NAME AND DOCUMENT #)
- 3.   
(CORPORATE NAME AND DOCUMENT #)
- 4.   
(CORPORATE NAME AND DOCUMENT #)
- 5.   
(CORPORATE NAME AND DOCUMENT #)
- 6.   
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** WCG HQ LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amanda G. Gomez, Esq.

Name of Person

Day Pitney LLP

Firm/Company

396 Alhambra Circle, 14th Floor, Coral Gables, FL 33134

Address

Coral Gables, FL 33134

City/State and Zip Code

agomez@daypitney.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda G. Gomez, Esq.      305      3734049  
at (      )  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLE I - Name:

The name of the Limited Liability Company is:

WCG HQ 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:

Principal Office Address:

7320 NW 12th Street

Suite 101

Miami, FL 33126

Mailing Address:

7320 NW 12th Street

Suite 101

Miami, FL 33126

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:

Beatriz E. Gomez

Name

7320 NW 12th Street, Suite 101

Florida street address (P.O. Box **NOT** acceptable)

Miami

FL

33126

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/ Beatriz E. Gomez

\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 DEC 27 AM 9:17

7320 NW 12th Street  
Suite 101  
Miami, FL 33126

**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

AMBR

Wellington Properties, LLC

7320 NW 12th Street, Suite 101

Miami, FL 33126

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

/s/ Beatriz E. Gomez

**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.

Beatriz E. Gomez

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)**