

L 9500.0000973



DAVID H. HESLEY, LTD.
Certified Public Accountant & Consultant

2607 WHITE BEAR AVENUE
MAPLEWOOD, MINNESOTA 55109
612-770-8505

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. W.N.R.J. Management, LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #) 700001653547
-12/05/95--01115--001

4. _____
(Corporation Name) (Document #) ***285.00 ***285.00

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
95 DEC 19 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
112
W95-23797
DEC 5 1995 BSR



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

December 5, 1995

DAVID H. HESLEY, LTD.
2607 WHITE BEAR AVENUE
MAPLEWOOD, MN 55109

SUBJECT: W.N.R.J. MANAGEMENT, LLC
Ref. Number: W95000023797

We have received your document for W.N.R.J. MANAGEMENT, LLC and check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

An affidavit is required pursuant to section 608.407(2), Florida Statutes, declaring the following: (1) the limited liability company has at least two members; (2) the actual amount of cash contributions; (3) the agreed value of any property other than cash contributed; and (4) the total amount of cash or property anticipated to be contributed by the members.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6925.

Brenda Baker
Corporate Specialist

Letter Number: 95A00052916

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY

FILED
95 DEC 19 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME:

The name of the Limited Liability Company is:

W.N.R.J. Management, LLC

ARTICLE II - Address:

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

13221 NW Millhopper
Gainesville, FL 32653

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

40 Years

ARTICLE IV - Management:

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Geri L. Shanley
13221 NW Millhopper
Gainesville, FL 32653

ARTICLE V - MEMBERS:

The Limited Liability Company is to have at least two members and the name(s) and address(es) of the member(s) are:

Geri L. Shanley
13221 NW Millhopper
Gainesville, FL 32653

David H. Hesley
2607 White Bear Ave
Maplewood, MN 55109

Cash Contributed: \$500

\$500

STATE OF MINNESOTA

COUNTY OF RAMSEY

STATE OF MINNESOTA)
) SS
COUNTY OF RAMSEY)

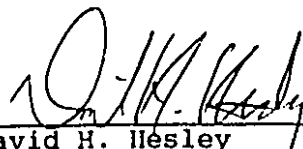
AFFIDAVIT OF
DAVID H. HESLEY

I, David H. Hesley, first being duly sworn on oath, do depose and state as follows:

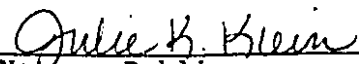
1. W.N.R.J. Management, LLC has at least two members;
2. The actual amount of cash contributions by each member is \$500;
3. The agreed value of any property other than cash contributed is none;
4. The total amount of cash or property anticipated to be contributed by the members is \$1,000.

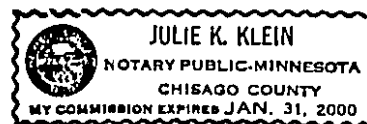
FURTHER YOUR AFFIANT SAITH NOT.

12-12-95
Date


David H. Hesley

Subscribed and sworn to before me on this 12th day of December, 1995.


Notary Public



CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

FILED
95 DEC 19 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: W.N.R.J. MANAGEMENT, LLC

2. The name and address of the registered agent and office is:

GERI LYNN SHANLEY

(name)

13221 NW MILLHOPPER

(P.O. Box not acceptable)

GAINSVILLE, FL 32653

(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.

Geri Lynn Shanley
(Signature)

11-27-95
(Date)

FILE NOW: Fee after May 1, will be \$263.75

APPROVED
AND
FILED

66690
96 MAR 19 AM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra J. Moftam
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE
\$ 238.75

Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT #L95000000973

W.N.R.J. MANAGEMENT, LLC
13221-NW-MILLHOPPER
GAINESVILLE FL 32653

1a. Principal Place of Business Address

13221-NW-MILLHOPPER
GAINESVILLE FL 32653

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

6825 NW 8TH AVE

2a. Mailing Address

6825 NW 8TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE

City & State

Zip

32605

Country

Zip

32605

Country

3. Date Organized or Qualified

12/19/1995

3a. State of Formation

FL

4. FEI Number

592993479

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

☐ Active ☐ Inactive ☐ Revoked

7. Name and Address of Current Registered Agent

SHANLEY, GERRI L
13221 NW MILLHOPPER
GAINESVILLE FL 32653

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

Gerrilyn Shanley

DATE

2/17/96

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR

SHANLEY, GERRI L

13221 NW MILLHOPPER

6825 NW 8TH AVE

GAINESVILLE FL

000001752360

-03/21/96--01031--016

****238.75 ****238.75

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Gerrilyn Shanley

2/17/96

352
2-23-0385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #