

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : RICHARD G. COKER, JR., P.A.
Account Number : I20010000145
Phone : (954) 761-3636
Fax Number : (954) 761-1818

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DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.**WLV II LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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:

WLV II LLC

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

Rod A. Feiner

(Name)

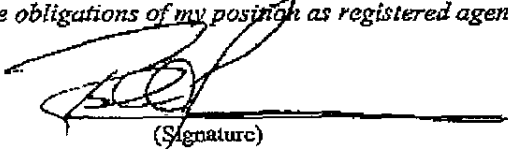
1404 South Andrews Avenue

(P.O. Box or Mail Drop Box NOT acceptable)

Fort Lauderdale, FL 33316

(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.


(Signature)

1/6/06
(Date)

Filing Fee: \$35.00 for Designation of Registered Agent

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**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name

The name of the Limited Liability Company is:

WLV II LLC

ARTICLE II - Address

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

1314 E. Las Olas Blvd., #38
Fort Lauderdale, FL 33301.

ARTICLE III - Duration

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

Perpetual

**ARTICLE IV - Management
(Check and complete the appropriate statement)**

☐ 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:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Bryant T. Church, 1314 E. Las Olas Blvd., #38, Fort Lauderdale, FL 33301
DeKerk Holdings, LLC, 1314 E. Las Olas Blvd., #38, Fort Lauderdale, FL 33301



Signature of a member or authorized representative of a member.

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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