

6/12/2020

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : LAW OFFICE OF NATHAN L. TOWNSEND, PA  
Account Number : I20050000145  
Phone : (813)988-5500  
Fax Number : (813)988-5510

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

Email Address: nathan@nltlaw.com

FLORIDA LIMITED LIABILITY CO.  
FLORIDAWC LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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**ARTICLES OF ORGANIZATION  
OF  
FLORIDAWC, LLC**

**ARTICLE I – NAME**

The name of the limited liability company is FLORIDAWC, LLC, ("company").

**ARTICLE II – ADDRESS**

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

Principal Office Address:  
5025 Down Point Ln.  
Windermere, Florida 34786

Mailing Address:  
5025 Down Point Ln.  
Windermere, Florida 34786

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201  
11/11

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Nathan L. Townsend, PA  
1000 Legion Place., Ste. 1200  
Orlando, Florida 32801

*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.*

Nathan Townsend  
Nathan L. Townsend, PA

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:  
"MGR" = Manager  
"AMBR" = Authorized Member

Name and Address:

MGR

Martin M. Summers  
5025 Down Point Ln.  
Windermere, Florida 34876

**REQUIRED SIGNATURE:**

*Martin Summers*

\_\_\_\_\_  
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.

Martin M. Summers

\_\_\_\_\_  
Typed or printed name of signee

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