

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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'Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com



ORDER FORM

TO Florida Department of State

FROM Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

850.656.7953

corphelp@dos.myflorida.com

850-245-6051

REQUEST_DATE 12/1/2021	PRIORITY Regular Approval	OUR REF # (Order ID#) J 973603

ORDER ENTITY_____. WW SENIOR HOUSING RELILC

THE SELECTION OF THE SE				
PLEASE PERFORM THE FOLLOWING SERVICES: WW SENIOR HOUSING RE, LLC (FL)				
New LLC filing				
NOTES:				
\$125.00 Authorized				
RETURN/FORWARDING INSTRUCTIONS:				
ACCOUNT NUMBER: I20050000052	·· · · · · · · · · · · · · · · · · · ·			
Please bill the above referenced account for this order.				

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, December 1, 2021

ED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECTION OF STATE

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

WW Senior Housing RE, LLC (Must contain the words "Limited Liab	ility Company "L. C." or "L. C.")
(14143) Contain the Words Emined Blad	mry company, bible., or bbc.)
RTICLE II - Address:	
e mailing address and street address of the principal office	of the Limited Liability Company is:
e mailing address and street address of the principal office	
	of the Limited Liability Company is: Mailing Address:
e mailing address and street address of the principal office	

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:

Godbold, Downing,	Bill & Rentz, P.A.	
-	Name	
222 W. Comstock A	venue, Suite 101	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	ceptable)
Winter Park	Florida	32789
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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

as

<u>Title:</u> "AMBR" = Authorized Membe	Name and Address:
"MGR" = Manager	
AMBR	WWSHRE Holdings, LLC
	485 N. Keller Road. Suite 520
	Maitland, Florida 32751
(Use attachment if necessary)	
•	
ARTICLE V: Effective date, if other tha	an the date of filing: (OPTIONAL)
(If an effective date is listed, the date n the date of filing.)	must be specific and cannot be more than five business days prior to or 90 days after
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 De	
ARTICLE VI: Other provisions, if any.	
	10000
REQUIRED SIGNATURE:	'\\u\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Signatu	ore of a member or an authorized representative of a member.
Signatu This documen	July Hindul.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

David P. Babinski