L23000342962

	(Requestor's Name)	
	(Address)	
	(Address)	
	(Address)	
· · · · · · · · · · · · · · · · · · ·	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
ليبا		
	(Business Entity Name)	
	(2250,000 20.00)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



300412441683

07/20/23--01001--018 **1381.25

2023 JUL 20 PH 1: 47

2023 J. 25 PK L

COVER LETTER

то:	New Filing Section Division of Corporations			
SUBJEC	WALDEN SENIOR APARTMENTS	S GP, LLC		
		nited Liabilit	y Company	
The enclo	osed Articles of Organization and fee(s) ar	e submitted f	or filing.	
Please re	turn all correspondence concerning this ma	atter to the fo	llowing:	
		Name of P	erson	
	ZKS REGISTERED AGENT SERVIC	ES. LLC		
		Firm/Com	pany	
	315 E. ROBINSON STREET, SUITE (500		
		Addres	S	
	ORLANDO. FLORIDA 32801			
	Ci RegisteredAgent@zksraservices.com	ty/State and 2	Zip Code	
	E-mail address: (to be used	for future ann	ual report notificati	ion)
For further	information concerning this matter, please	call:		
	JESSICA PAPARELLA 40°		425-7010	
	· · · · · · · · · · · · · · · · · · ·		Daytime Telephon	e Number
Enclosed i	s a check for the following amount:			
■\$125.00	O Filing Fee Status Certificate of Status	Certified (0 Filing Fee & Copy opy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ne The 24	weet Address w Filing Section Direction Control S N. Monroe Street lahassee, FL 32303	ssee ct, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
WALDEN SENIOR APARTMENTS GP, 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:

ARTICLE 1 - Name:

Mailing Address:

106 E. COLLEGE AVENUE, SUITE 1110	106 E. COLLEGE AVENUE, SUITE 1110
TALLAHASSEE, FLORIDA 32301	TALLAHASSEE, FLORIDA 32301

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:

Principal Office Address:

ZKS REGISTERED	AGENT SERVICES,	LLC
	Name	
315 E. ROBINSON	STREET, SUITE 600	
	ss (P.O. Box <u>NOT</u> acce	ptable)
ORLANDO	FLORIDA	32801
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2028 J. 2. PT 4: 30

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	JEFFREY SHARKEY 106 E. COLLEGE AVENUE, SUITE 1110 TALLAHASSEE, FLORIDA 32301
(Use attachment if necessary)	
LE V: Effective date, if other than the date	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 day
LE V: Effective date, if other than the date of the date is listed, the date must be specifiling.) If the date inserted in this block does not ument's effective date on the Department.	meet the applicable statutory filing requirements, this data will and
LE V: Effective date, if other than the date ffective date is listed, the date must be specifing.) If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not be of State's records.
LE V: Effective date, if other than the date ffective date is listed, the date must be specifiling.) If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be of State's records.
LE V: Effective date, if other than the date ffective date is listed, the date must be specifiling.) If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execular any false.	meet the applicable statutory filing requirements, this date will not be of State's records.
LE V: Effective date, if other than the date ffective date is listed, the date must be specifiling.) If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execular any false.	meet the applicable statutory filing requirements, this date will not be to f State's records. The state of State of a member of a member of an authorized representative of a member of
LE V: Effective date, if other than the date ffective date is listed, the date must be specifiling.) If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execular aware that any false constitutes a third degree	meet the applicable statutory filing requirements, this date will not be to of State's records. Typed or printed name of signee
LE V: Effective date, if other than the date ffective date is listed, the date must be specifiling.) If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execular aware that any false constitutes a third degree Jeffrey Sharkey \$125.00 Filing Fee for Articles of Organical Constitutes and Constitutes and Constitutes of Organical Constitutes of Organical Constitutes of Organical Constitutes and Constitutes of Organical Constitutes of Organica	meet the applicable statutory filing requirements, this date will not be to of State's records. Typed or printed name of signee Filing Fees:
LE V: Effective date, if other than the date ffective date is listed, the date must be specifiling.) If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execular aware that any false constitutes a third degree Leffrey Sharkey	meet the applicable statutory filing requirements, this date will not be to of State's records. Typey Sharkey ember or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State in felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent

25 Pr 4: 30