

L030000012160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

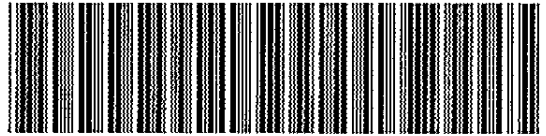
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500014671535

04/04/03--01037-011 \*\*5580.00

DIVISION OF CORPORATION

03 APR -4 PM 12:33

RECEIVED

Effective Date-  
3-31-03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 APR -4 PM 1:22

FILED

AB  
4-4-03

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: CINDY

DATE: 4-4-03

REF. #: 0171.14187

CORP. NAME: WMC KAPLAN 5A, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1                  | <input type="checkbox"/> UCC-3                        |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 1887 FOR \$ 5,580.00. ALSO TO BE APPLIED TO OTHER FILINGS.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

RECEIVED  
AND  
FILED  
03 APR -4 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION

OF

### WMC KAPLAN 5A, LLC

The undersigned, acting as organizer of this limited liability company pursuant to Chapter 608 of the Florida Statutes, hereby forms a limited liability company under the laws of the State of Florida and adopts the following Articles of Organization for such limited liability company:

#### ARTICLE I - NAME OF COMPANY

The name of the limited liability company is WMC Kaplan 5A, LLC (the "Company").

#### ARTICLE II - PRINCIPAL OFFICE AND MAILING ADDRESS

The street address of the principal office of the Company is 1065 Maitland Center Commons Blvd., Maitland, Florida 32751, which is also the mailing address of the Company.

#### ARTICLE III - REGISTERED AGENT AND REGISTERED OFFICE

The street address of the initial registered office of the Company in the State of Florida is 1065 Maitland Center Commons Blvd., Maitland, Florida 32751. The name of the registered agent of the Company at that address is Kenneth M. Clayton.

#### ARTICLE IV - MANAGEMENT

The Company is to be a member-managed company.

STENOGRAPHY  
FALLAH-ASSEFI  
FLORIDA

03 APR -4 PM 1:22

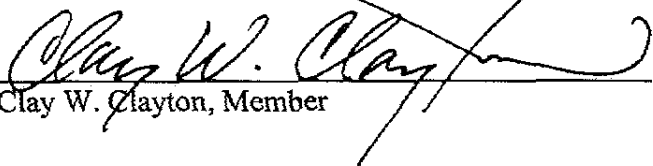
FILED  
AND  
NOTED

ARTICLE V - EFFECTIVE DATE

The effective date of these Articles of Organization, and the beginning of the existence of the Company, shall be March 31, 2003.


The undersigned member has made and subscribed these Articles of Organization this 2<sup>nd</sup> day of April, 2003.

*Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

  
Clay W. Clayton, Member

STATEMENT OF ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent to accept service of process for the above referenced limited liability company, at the place designated in the foregoing Articles of Organization, I hereby accept such appointment and agree to act in such capacity. I further agree to comply with the provisions of all statutes relevant to the proper and complete performance of the duties of a registered agent, and I am familiar with, and accept the duties and obligations of, Section 608.415 of the Florida Statutes.

  
Kenneth M. Clayton

Date: April 2, 2003

00067861v1

03 APR -4 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AND  
FILED