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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

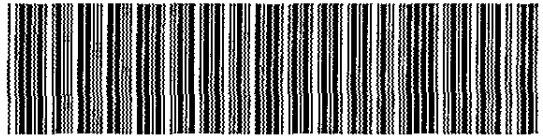
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

03 JUN -9 AM 10:54

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JUN -9 PM 12:42

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Sundate Research
Requestor's Name

Address

City/State/Zip

Phone #

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JUN - 9 PM 4:12
TALLAHASSEE
FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Regency Pointe / WDP, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time _____ ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☒ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input checked="" type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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

ARTICLE I - Name

The name of the Limited Liability Company is:

REGENCY POINTE/WDP, LLC

ARTICLE II - Address

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

130 South Main Street
Winter Garden, Florida 34787-3556

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - Management

The Limited Liability Company shall be managed by a manager (who shall be designated "Manager") and is, therefore, a manager-managed company.

ARTICLE V - Registered Agent and Office

The name and address of the initial registered agent of the Limited Liability Company is:

Corporation Company of Miami
c/o, Ricardo J. Souto
201 S. Biscayne Boulevard, Suite 1500
Miami, Florida 33131



Ricardo J. Souto, Authorized Representative

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

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JUN -9 PM 12:42
TALLAHASSEE, FLORIDA
SEE NOTARY

REGISTERED AGENT ACCEPTANCE

Having been named to accept service of process for the above-stated limited liability company at the address designated in the articles of organization pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned corporation hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete discharge of his duties.

Date: 6-6-03, 2003

CORPORATION COMPANY OF MIAMI

By:


Raul J. Salas, Vice President

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