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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WW at Palladium Fleck, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Blake Thompson  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

405 Central Ave Suite 100  
(Address)

St Petersburg FL 33701  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joel Walker at ( 727 ) 776 7800  
(Name of Person) (Area Code & Daytime Telephone Number)

2004 MAR 14 P 12:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

WW at Palladium Flats, LLC

**ARTICLE II - Address:**

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

Principal Office Address:

405 Central Ave  
Suite 100  
St Pete Fl 33701  
(Petersburg)

Mailing Address:

405 M. St. Hill LN  
Seneca SC 29678-6022

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

BLAKE THOMPSON  
Name

405 Central Ave Suite 100  
Florida street address (P.O. Box NOT acceptable)

St Petersburg FLORIDA 33701  
City, State, and 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 608, Florida Statutes..*

BL  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Soer Walker  
450 Misty hill LN  
Seneca, South Carolina 29678

MGRM

Blake Thompson  
605 Central Ave Suite 100  
St Petersburg FL 33701

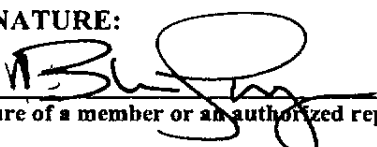
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(Use attachment if necessary)

2024 JUL 14 P 12:16  
SECRETARY  
TALLAHASSEE

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(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.)

BLAKE THOMPSON  
Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)