Florida Department of State
Division of Corporations
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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : RICHARD G. COKER, JR., P.A.

Account Number : I20010000145 Phone : (954)761-3636

Phone : (954)761-3636 Fax Number : (954)761-1818

RECEIVED
04 DEC 23 AM 10: 04
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LIMITED LIABILITY COMPANY

TWH-OPK, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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PUBLIC ARRESTS HAVE

TRANSMITTAL LETTER

TO: Registration Division of 0		-	·
SUBJECT: TWH-C	PK, LLC		
	(Name of Limite	ed Liability Company)	
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
Richan	d G. Coker, Jr.		
	(Name of Person)	
Ookey 9 Faires			
Coker & Feiner		Firm/Company)	
			•
1404 Soul	ih Andrews Avenue		
		(Address)	 -
Fort	Lauderdale, FL 33316-1840		
	(City/	State and Zip Code)	
For further information	n concerning this matter, please	call:	
Faye Johnston, Legi	al Annietant	761_9898	
	ne of Person)	at (954) 761-3836 (Area Code & Daytime T	elephone Number)
Enclosed is a check :	for the following amount:		
□ \$125.00 Filing Fee	_	☐ \$155.00 Filing Fce &	☐ \$160.00 Filing Fee,
C VIZONO I IMIG I do	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
com	TET A D'OREGG.	to the state of	
Regi	STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section		cction
Division of Corporations Division of Corporations		rnorations	

409 E. Gaines Street Tallahassee, Florida 32399

P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	pany is:
TWH-OPK, LLC	
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1800 Southeast 10th Avenue	1800 Southeast 10th Avenue
· *** **** **** · *** · · · · · · · · ·	
Suite 210	Suite 210

John C. Halliday III

Name

1800 Southeast 10th Avenue, Suite 210

Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale, FL 33316-2907_{FL}

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, F.S.,

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Man	naging Member(s):	• • •
The name and address of each Mana	ger or Managing Member is as follows:	and the contract
Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member	THE SAME PARTY OF THE PARTY OF	
Manager	John C. Halliday III	
The region	1800 Southeast 10th Avenue, Suite 210)
	Fort Lauderdale, FL 33316-2907	
•		
		· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)		
NOTE: An additional article must	t be added if an effective date is requeste	ed.
REQUIRED SIGNATURE:		
Signature of a member	er or an authorized representative of a member	:
(In accordance with se of this document consi that the facts stated i	ection 608.408(3), Florida Statutes, the execution ditutes an affirmation under the penaltics of perjury herein are true.)	•
John C. Halliday III		

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)