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	(Requesto	or's Name)	
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	(City/State	e/Zip/Phone #)
PICK-UF	· 🗆	WAIT	MAIL
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Certified Copies		Certificates of	Status
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		÷	-
SUBJECT: WOOD-U-PLAY, LLC (Name of Limited	d Liability Company)		_
The enclosed Articles of Organization and fee(s) are so			
Please return all correspondence concerning this matter	er to the following:		
DIANE BROWN, PARALEGAL	Name of Person)		
(4	value of reison)		
SCOLARO, SHULMAN, COHEN, FETTER & BU	URSTEIN, P.C.		
	Firm/Company)		
507 PLUM STREET, SUITE 300	<u> </u>		~
	(Address)		
SYRACUSE, NEW YORK 13204		TALL 132	2005
(City,	/State and Zip Code)		S API
For further information concerning this matter, please	call:	18.83 18.83	105 APR 26 F
DIANE BROWN	at (315) 471-8111,	x253 ညီကြွ	T S
(Name of Person)	(Area Code & Daytime Te	lephone Number)	വ
Enclosed is a check for the following amount:		1.*	S)
□ \$125.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Fili Certificate of S Certified Copy (additional copy is	tatus &
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WOOD-U-PLAY, L	LC				
ARTICLE II - A The mailing addre		of the principal office of the Limite	d Liabil	lity Co	mpany is
Principal Office	Address:	Mailing Address:			<u></u>
7846 SW ELLIPSE	E WAY	7846 SW ELLIPSE WAY			
STUART, FL 3499	7	STUART, FL 34997			121 -
MARTIN COUNTY		MARTIN COUNTY	. —		7
	E Florida street address GEORGE G. JOHNS 5706 SE INEZ AVEN	Name	AHASSEE, FIT SIZE	26 P 12: 55	'e:
	STUART	·	,		
		FL 34992			
	Ci	ity State and Zin			

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..

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:	er
"MGRM" = Managing Member	- ,	
MGRM	GEORGE G. JOHNSON, JR.	
MO-MI	5706 SE INEZ AVENUE	
	STUART, FL 34992	·
MGRM	Rob Parent	<u></u>
FIGRE		
	5600 SE Lamay Drive Stuart, FL 34997	
	Stuart, FE 34997	
MGRM	Jeffrey Fournier	
	9 Mable Avenue	***************************************
	Saco, Maine 04072	*
(Use attachment if necessary) NOTE: An additional article must REQUIRED SIGNATURE:	be added if an effective date is requested.	
		and the second
Signature of a member	er or an authorized representative of a member.	<u> </u>
(In accordance with se of this document const that the facts stated is	ction 608.408(3), Florida Statutes, the execution citutes an affirmation under the penalties of perjury nerein are true.)	-
GEORGE G. JOHN	SON, JR.	
Ty	ped 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)