LOSIDO005986/

(Requestor's Name) TALL AHASSEE, FLORIDA (Address)	400055889554		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	06/10/0501021004 **130.00		
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			

Office Use Only

TRANSMITTAL LETTER

FILED

Registration Section TO: Division of Corporations 2005 JUN 10 P 12: 34 SECRETARY OF STATE TALLAHASSEE, FLORIDA SUBJECT: 1717 OAK Street (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: Davis Wintermed (Name of Person) W. Bros Development Corpora 2653 Stickney Point Road For further information concerning this matter, please call: DAVID R. WINTERFORD Enclosed is a check for the following amount: ☐ \$125.00 Filing Fee ☑ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:

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

(additional copy is enclosed)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY'S GOMPANY 12: 34

ARTICLE I - Name: The name of the Limited Liability Company is:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
1717 OAK Street, LLC	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2653 Stickney Point Romo SMASODA, FL 34231	SACANONA, FL 34231
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the r	registered agent are:
Davio Winterrowd Name	
2653 Stickney Point Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
SACASSIA City, State, a	FL 34231 and Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Man The name and address of each Manag	aging Member(s): ger or Managing Member is as follows:	FILED
Title:	Name and Address:	
"MGR" = Manager		2005 JUN 10 P 12: 34
"MGRM" = Managing Member		SECRETARY OF STATE
MGRM	2 - C13 - C3 - C3 - C3 - C3 - C3 - C3 - C	TALLAHASSEE, FLORIDA
	2653 Styling Point 600	· · · · · · · · · · · · · · · · · · ·
	SAMASONA, FC 3/Q31	
(Use attachment if necessary)		
·	be added if an effective date is reques	otad
NOTE: An additional at title must	be added if an effective date is reques	neu.
REQUIRED SIGNATURE:		
Signature of a member	ror an authorized representative of a memb	er.
(In accordance with sec	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perju	1
\sim 0 . 1.	•	
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)