Florida Department of State **Division of Corporations** Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000078248 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)205-0383

From: GAIL S. ANDRE

Account Name

: LOWNDES, DROSDICK, DOSTER, KANTOR & REED,

Account Number : 072720000036 Phone

: (407)843-4600

Pax Number : (407)843-4444
PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES OF ORGANIZATION AND RETURN CERTIFICATION TO ME AS SOON AS POSSIBLE.

ORIDA/FOREIGN LIMITED LIABILITY CO.

1605 WOODWARD, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

HO7000078248 3

C . 137.

ARTICLES OF ORGANIZATION OF 1605 WOODWARD, LLC

ARTICLE I - NAME

The name of this limited liability company is 1605 Woodward, LLC (the "Company").

ARTICLE II'- PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 1616 Woodward Street, Orlando, Florida 32803.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 215 North Eola Drive, Orlando, Florida 32801 and the name of the initial registered agent of the Company at that address is James F. Heekin, Jr.

ARTICLE IV - MANAGEMENT

The Company is to be managed by its sole member and is, therefore, a member managed company.

Signature of a Member or an Authorized Representative of a Member

James F. Heekin, Jr.

Typed or Printed Name of Signer

ACCEPTANCE OF REGISTERED AGENT

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.

0016170/127030/1040092/1