Division of Corporations Public Access System

Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number

: (850)205-0383

Account Name

: TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094 : (770)777-2091 Phone Fax Number

: (770)220-1943

LS

ORIDA/FOREIGN LIMITED LIABILITY CO.

Palazzo di Oro TIC - Wydown, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H07000167022 3)))

	ARTICLES OF ORGA FOR FLORIDA LIMITED LIABI	•		
	ARTICLE I - Name: The name of the Limited Liability Company is:			
	Palazzo di Oro TIC - WYDOWN, LLC			
	ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability	/ Company is:	
٠.	Principal Office Address:	Mailing Address:	•	
	1240 Marbella Plaza Drive	1240 Marbella Plaza Drive		
•	Tampa, Florida 33619	Tampa, Florida 33619	· · · · · · · · · · · · · · · · · · ·	
	ARTICLE III - Registered Agent, Registered Offic The name and the Florida street address of the registe NRAI Services, Inc. Name 2731 Executive Park Drive, Suite 4 Florida street address (P.O. Box	ered agent are:		
	Weston City, State, and Zip	FLORIDA 93331		
compar	been named as registered agent and to accept service only at the place designated in this certificate, I hereby accept in this capacity. I further agree to comply with the purplete performance of my duties, and I am familiar with registered agent as provided for in Chapte	cept the appointment as registere provisions of all statutes relating and accept the obligations of m	ed agent and to the proper	
	NRAI Services, Inc. By: Rogistered Agent's Signal	<i>XO</i>	2007 JUN 26 SECRETARY I TALLAHASSEE	
	Page 1 of 2 (CONTINUED)		AM 9: 22 OF STATE E. FLORIDA	
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ARTICLE IV- Manager(8) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" - Managing Member

MGRM

Wydown Investments, LLC

c/o The Wolf Law Firm, Mark A. Wolf Trustee

4556 Essex Court, Carlsbad, CA 92010

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

REQUIRED SIGNATURE:

(Use attachment if necessary)

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.)

Alexander T. McClain

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 36.60 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2007 JUN 26 AM 5: 22 SECRETARY OF STATE ALL ALASSEF, FLORIDA

Page 2 of 2

(((H07000167022 3)))