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DEC 28 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 232478 4403F

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 155.00

FILED STATE  
SECRETARY OF CORPORATIONS  
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ORDER DATE : December 28, 2009

ORDER TIME : 10:51 AM

ORDER NO. : 232478-005

CUSTOMER NO: 4403F

DOMESTIC FILING

NAME: KORA WOODS, LLC

EFFECTIVE DATE:

XXX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY

CONTACT PERSON: Matthew Young - EXT. 2962

EXAMINER'S INITIALS: \_\_\_\_\_

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Kora Woods, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

c/o Wildcat East, Inc.

13205 Southfields Road

Wellington, FL 33414

#### Mailing Address:

c/o Wildcat East, Inc.

13205 Southfields Road

Wellington, FL 33414

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Jim Bosley, c/o Wildcat East, Inc.

Name

13205 Southfields Road

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

Wellington, FL 33414

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..*

BY:

James R Bosley

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Wildcat East, Inc.

13205 Southfields Road

Wellington, FL 33414

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: DATE OF FILING (OPTIONAL)  
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**
  
 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.)

The Arcadian Trust, Sole Member, By: J.A. Mallinckrodt, as Sole Trustee

Typed or printed name of signer

**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)