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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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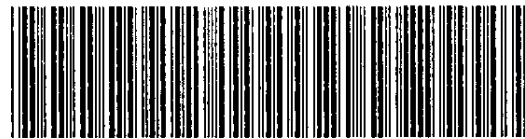
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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T. HAMPTON

FEB 16 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Wellington Project LLC
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:

Bruce C. Davison, Esq.

Name of Person

SNR Denton US LLP

Firm/Company

4520 Main Street, Suite 1100

Address

Kansas City, MO 64111

City/State and Zip Code

bruce.davison@SNRDenton.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruce C. Davison

Name of Person

at (816) 460-2514

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SNR DENTON 

SNR Denton US LLP
4520 Main Street
Suite 1100
Kansas City, MO 64111-7700 USA

Susan C. Barker
Paralegal
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F +1 816 531 7545
snrdenton.com

February 14, 2011

BY FedEx

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

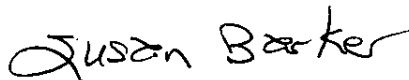
Re: The Wellington Project LLC

Dear Sir/Madam:

Enclosed are one original and one copy of the Articles of Organization of The Wellington Project LLC for filing with your offices. Also enclosed is our firm's check no. 733680 in the amount of \$155.00 for filing same. Please return a certified copy of the articles to the undersigned for completion of our files.

Should you have any questions regarding the enclosed and this request please contact me at 816.460.2608 and thank you for your assistance.

Sincerely,



Susan C. Barker
Paralegal

Enclosures

cc: Bruce C. Davison

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Wellington Project 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:

13770 Quarter Horse Trail
Wellington, FL 33414

Mailing Address:

Same

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:

Christopher Pasmore

Name

13770 Quarter Horse Trail

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

Wellington

FL

33414

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..

Christopher Pasmore

Registered Agent's Signature (REQUIRED)

Christopher Pasmore

(CONTINUED)

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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:

MGRM

G. Kenneth Baum
4801 Main Street, Suite 501
Kansas City, MO 64112

MGRM

Christopher Pasmore
13770 Quarter Horse ~~Trail~~ Trail
Wellington, FL 33414

MGRM

Jessica B. Pasmore
13770 Quarter Horse ~~Trail~~ Trail
Wellington, FL 33414

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: N/A (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

G. Kenneth Baum

Typed 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)

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