

L11000119375

(Requestor's Name)

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10/18/11--01022--015 **375.00

FILED

11 OCT 17 AM 10:26

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

OCT 19 2011

Whit Stolz
5555 Wingspread Lane
North Garden, VA 22959

October 17, 2011

Ms. Karen Saly
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Formation of Wingspread Capital II LLC,
Wingspread Capital III LLC, and
Wingspread Capital IV LLC

Dear Saly:

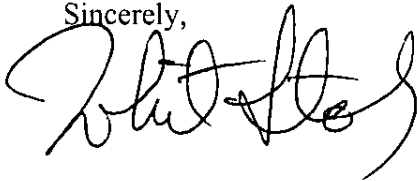
Enclosed please find:

As we discussed on the phone, attached please find a check in the amount of \$375 to cover the filing fees for the aforementioned 3 limited liability companies.

I sincerely apologize for any problems caused by the separation of the check. Thank you for your understanding and assistance with this filing.

If you need any further information concerning this matter please call me at 434.977.1448.

Sincerely,

A handwritten signature in black ink, appearing to read "Whit Stolz", written in a cursive style.

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
11 OCT 17 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE I
Name**

The name of the Limited Liability Company is:
WINGSPREAD CAPITAL III, LLC

**ARTICLE II
Address**

The street address of the principal office of the Limited Liability Company is:
12026 NW HIGHWAY 464B
OCALA, FL 34482

The mailing address of the Limited Liability Company is:
12026 NW HIGHWAY 464B
OCALA, FL 34482

**ARTICLE III
Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida street address of the registered agent are:
OTTO G. STOLZ
12026 NW HIGHWAY 464B
OCALA, FL 34482

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..

Registered Agent's Signature: _____

OTTO G. STOLZ

ARTICLE IV
Manager(s) or Managing Member(s)

The name and address of the Manager is as follows:

WINGSPREAD OF PALM BEACH INC.
12026 NW HIGHWAY 464B
OCALA, FL 34482

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.)

OTTO G. STOLZ 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)