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(Address)

(Address)

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TALLAHASSEE, FLORIDA

D. BRUCE
FEB 13 2012
EXAMINER

ARTICLES OF ORGANIZATION
Of

WOLDUNN 437, LLC
a Florida limited liability company

ARTICLE I
NAME

The name of this limited liability company is **WOLDUNN 437, LLC** (the "Company").

ARTICLE II
ADDRESS

The mailing and street address of the Company's principal office is 437 Woldunn Circle, Lake Mary, FL 32746.

ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and address of the registered agent and registered office of this limited liability company shall be as follows:

Erwin Saul Sillerico
437 Woldunn Circle
Lake Mary, FL 32746

Having been named the registered agent and to accept service of process for the above stated limited liability company at the place designated by this certificate, I hereby accept the appointment of 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.

Erwin Saul Sillerico
Registered Agent

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ARTICLE IV
MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

ARTICLE V
EFFECTIVE DATE OF ORGANIZATION

This Limited Liability Company shall be deemed to have come into existence on the date these Articles of Organization are executed.

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 herein are true.

By: _____
Erwin Saul Sillerico, Manager and as
Authorized Representative of the Members

STATE OF FLORIDA
COUNTY OF SEMINOLE

The foregoing instrument was subscribed before me this 8th day of February, 2012, by **Erwin Saul Sillerico**, who (check one) ☒ is personally known to me, ☐ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or ☐ produced other identification, to wit: _____.

BRADLEY J. DAVIS
MY COMMISSION # EE 046006
EXPIRES: November 30, 2014
Bonded Thru Notary Public Underwriters

_____
Print Name: _____
Notary Public, State of Florida
Commission No.: _____
My Commission Expires: _____

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