L12000031778

(Re	equestor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	:y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



200223091632

03/95/12--01032--008 **160.00

12 HAR -5 AH II: 00

FILED SECRETARY OF STATE BIVISION OF CORPORATIONS

MAR = 6 2012

COVER LETTER

TO: Registration : Division of Co			
SUBJECT: WLC	PROPERTIES, L	LC	
		ed Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this matt	ter to the following:	
Kurt Du	ımaw		
		Name of Person	
Ellis & \	Winters LLP		
		Firm/Company	
1100 C	rescent Green,	Suite 200	
		Address	
Cary, NC			
	·	y/State and Zip Code	
<u>kurt.duma</u>	aw@elliswinters.co	or future annual report notification)	
	,	•	
For further information	concerning this matter, please	e call:	
Kurt Dumaw		_at (919) 865-7025	
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check f	or 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
WLC PROPERTIES, LLC	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1834 NW 124th Way Coral Springs, FL 33071	1834 NW 124th Way Coral Springs, FL 33071
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the register of t	red Agent. You must designate an individual or another
Lothar Geilen	
1834 NW 124th	ı Way
	ess (P.O. Box <u>NOT</u> acceptable)
Coral Springs	_{_FL} 33071
City, Stat	e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of al formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
dil	TED)
Registered Agent's Signatu	re (REQUIRED) 유 양
(CONTINU	JED)

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM MGRM	Lothar Geilen
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must be 00 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days p

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.)

Lothar Geilen, Managing Member

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)