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SECRETARY OF STATE

JUL 2 4 2012 T. HAMPTON

COVER LETTER

TO: Registration Division of C			· •
SUBJECT:	REGERLY	Le	,
	Name of Limited	Liability Company	
The enclosed Articles	of Organization and fee(s) are su	abmitted for filing.	
Please return all corres	spondence concerning this matter	r to the following:	•
	bustance J. L	Ang	
./.		Name of Herson	
	cegenieu" c	CCC/Q · · · · · · · · · · · · · · · · · · ·	
. 11	(Andlubber	· · · · · · · ·	
((CHUCK CHOW CV	Address	,
**. *	OSPRELA FLOI	eida; 3422	9
1 -		State and Zip Code	
		AMAIL-COM relative annual report notification)	• • •
For further information	n concerning this matter, please	-	
	reconcerning this matter, prease	Call.	
Coustri	ree U. Larg	at (941) 350-	7335
Nam	e of Person V	Area Code & Daytime Tele	phone 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 Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Regency WC Regency 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: 11 LANDOUDER OSPREY, FLURION 34229 Mailing Address: Regence UP UP UP 11 UP INDUDDED OSPREY FLORIDA 34229
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:
Posistance J. Lang
Name
11 CAROLUBBER
Florida street address (P.O. Box NOT acceptable)
OSPEN FORMARI 34229
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 Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF SINGE BIVISION OF CORPURATIONS

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	Name and Address:		
"MGRM" = Managing Member	Constance J. Long Il Condition to the 341229		
MGR	Michael O. Land II Land Lubber Osphar Florida 34229		
	8	,	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be to or 90 days after the date of filing.)	late of filing: (OPTION specific and cannot be more than five business d		
REQUIRED SIGNATURE:	ces Ang		
(In accordance with section 608.4 constitutes an affirmation under t I am aware that any false information to the section of t	or an authorized representative of a member. 108(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)		-
Type	ed or printed name of signee	12 JUL	SECE SOUR

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)