

L1200056452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

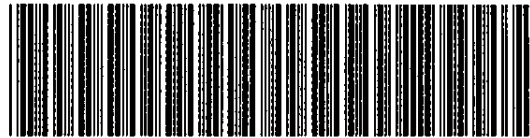
Special Instructions to Filing Officer:

A. LUNT

DEC 14 2012

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 DEC 12 PM 3 30

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12/12/12--01023--014 **125.00

**REED WEITKAMP
SCHELL & VICE PLLC**

500 West Jefferson Street, Suite 2400
Louisville, Kentucky 40202-2812
Telephone 502.589.1000
Facsimile 502.562.2200
www.RWSVlaw.com

December 7, 2012

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

Re: Articles of Organization

Dear Sir or Madam:

Enclosed please find Articles of Organization for Florida Limited Liability Company for WPH & AAH Properties, LLC, along with a check in the amount of \$125.00 to cover the filing fee. Please file the enclosed Articles of Organization and return a filed-stamped copy to me using the enclosed self-addressed envelope.

Please contact me at (502) 589-1000 with any questions you may have regarding this matter.

Sincerely,



Shelley A. Kidder
Paralegal

SAK
Enclosure

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WPH & AAH Properties, 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:

712 Park Shore Court
Naples, FL 34103

Mailing Address:

712 Park Shore Court
Naples, FL 34103

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:

William P. Hoagland

Name

712 Park Shore Court

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

Naples

FL

34103

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..

William P. Hoagland Adrian G. Hoagland

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

MGR

William P. Hoagland

712 Park Shore Court

Naples, FL 34103

2012 DEC 12 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

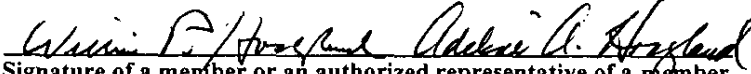
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

William P. Hoagland, Manager

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)