

L13 000174232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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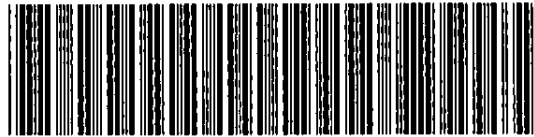
(Business Entity Name)

(Document Number)

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CORPORATION SERVICE COMPANY'

ACCOUNT NO. : I20000000195

REFERENCE : 930591 7146887

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : December 17, 2013

ORDER TIME : 3:52 PM

ORDER NO. : 930591-005

CUSTOMER NO: 7146887

DOMESTIC FILING

NAME: TITAN WYNDHAM, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: _____

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CORPORATION SERVICE COMPANY

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

Titan Wyndham, LLC., a Florida Limited Liability Company

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

10100 West Sample Road
Suite 300
Coral Springs, Florida 33075

Mailing Address:

P.O. BOX 8765
Coral Springs, Florida 33065

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:

BARRY M. SICKLES, ESQUIRE
10100 West Sample Road, Suite 404
Coral Springs, Florida 33065

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 certification. 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.

BARRY M. SICKLES, ESQUIRE

By: _____

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(CONTINUED)
2 of 2

ARTICLE IV – Manager(s) or Managing Members(s):

The name and address of each Manager or Managing Member is as follows:

Title:

“MGR” = Manager

“MGRM” = Managing Member

Name and Address:

MGRM

Matt Zwick
10100 West Sample Road #300
Coral Springs, Florida 33065

MGRM

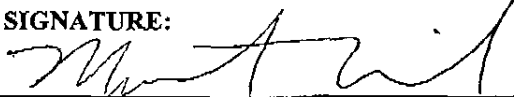
David Healey
10100 West Sample Road #300
Coral Springs, Florida 33065

MBR

Dennis Milligan
10100 West Sample Road #300
Coral Springs, Florida 33065

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 of 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.)

Matt Zwick

Typed or printed name of signer

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