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Florida Department of State
Division of Corporations
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BUREAU OF CORPORATE AND PROFESSIONAL SERVICES

FLORIDA LIMITED LIABILITY CO.
14725 WILDFLOWER, LLC

Table with 2 columns: Item and Value. Rows include Certificate of Status (1), Certified Copy (0), Page Count (03), and Estimated Charge (\$130.00).

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ALLAHAMSTER, FLORIDA
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**14725 WILDFLOWER, 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:**

**Mailing Address:**

6675 MOONLIT DRIVE  
DELRAY BEACH, FLORIDA 33446

6675 MOONLIT DRIVE  
DELRAY BEACH, FLORIDA 33446

**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:

ANDREW SLOANE

Name

6675 MOONLIT DRIVE

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

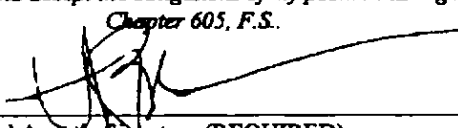
DELRAY BEACH

FL 33446

City

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 605, F.S.*



Registered Agent's Signature (REQUIRED)

**ANDREW SLOANE**

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**  
"AMBR" = Authorized Member  
"MGR" = Manager  
AMBR

**Name and Address:**  
ANDREW SLOANE  
6675 MOONLIT DRIVE  
DELRAY BEACH, FLORIDA 33446  
\_\_\_\_\_  
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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.)

**ARTICLE VI:** Other provisions, if any.  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:** 

**Signature of a member or an authorized representative of a member.**  
(In accordance with section 605.0203 (1) (b), 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.)

ANDREW SLOANE  
Typed or printed name of signee

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