

LI700 226337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

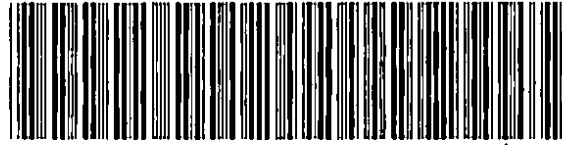
(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Sonsate Research
Requester's Name

Address

City/State/Zip

Phone #

656-5454

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. WPCM Daniel Island, LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

file 1st

☒ Walk in ☐ Pick up time
☐ Mail out ☐ Will wait ☐ Photocopy
☒ Certified Copy ☐ Certificate of Status

NEW FILINGS

☐ Profit
☒ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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COURT
STATE OF
FLORIDA

Examiner's Initials

ARTICLES OF ORGANIZATION

OF

WPCM DANIEL ISLAND, LLC

Pursuant to Section 605.0201 of the Florida Statutes, the undersigned hereby files these Articles of Organization as follows:

ARTICLE I - NAME

The name of the Limited Liability Company is WPCM Daniel Island, LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 2020 Salzedo Street, 5th Floor, Coral Gables, Florida 33134.

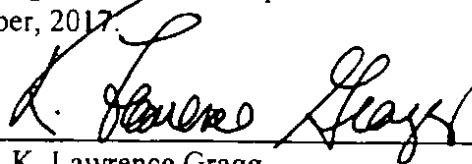
ARTICLE III - INITIAL REGISTERED AGENT

The street address of the initial Registered Office of this Company in the State of Florida shall be 2020 Salzedo Street, 5th Floor, Coral Gables, Florida 33134. The name of the initial Registered Agent of this Company at the above address shall be K. Lawrence Gragg.

ARTICLE IV - DURATION

The period of duration for the Limited Liability Company is perpetual.

IN WITNESS WHEREOF, the undersigned authorized representative has hereunto set his hand and seal this 31st day of October, 2017.



Name: K. Lawrence Gragg

Title: Authorized Agent

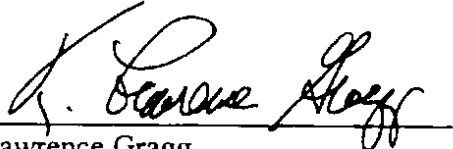
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STATE
FLORIDA

**CERTIFICATE DESIGNATING REGISTERED AGENT
AND REGISTERED OFFICE**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned submits the following statement in designating the registered office/registered agent:


WPCM Daniel Island, LLC, desiring to organize as a limited liability company under the laws of the State of Florida has designated 2020 Salzedo Street, 5th Floor, Coral Gables, Florida 33134 as registered office and named K. Lawrence Gragg as the initial registered agent.

By: _____


K. Lawrence Gragg
Authorized Agent

Having been named Registered Agent for the above stated limited liability company, at the designated Registered Office, the undersigned hereby accepts said appointment and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties, and the undersigned is familiar with and accepts the obligations of the undersigned's position as registered agent as provided for in Section 605.0113, Florida Statutes.

By: _____


K. Lawrence Gragg
Registered Agent

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