

L18000282409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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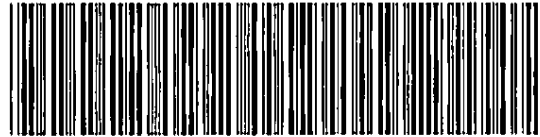
(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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DEC 11

T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

US REALTY WCT, LLC

- ☐ Art of Inc. File _____
- ☐ LTD Partnership File _____
- ☐ Foreign Corp. File _____
- ☒ L.C. File _____
- ☐ Fictitious Name File _____
- ☐ Trade/Service Mark _____
- ☐ Merger File _____
- ☐ Art. of Amend. File _____
- ☐ RA Resignation _____
- ☐ Dissolution / Withdrawal _____
- ☐ Annual Report / Reinstatement _____
- ☐ Cert. Copy _____
- ☒ Photo Copy _____
- ☐ Certificate of Good Standing _____
- ☐ Certificate of Status _____
- ☐ Certificate of Fictitious Name _____
- ☐ Corp Record Search _____
- ☐ Officer Search _____
- ☐ Fictitious Search _____
- ☐ Fictitious Owner Search _____
- ☐ Vehicle Search _____
- ☐ Driving Record _____
- ☐ UCC 1 or 3 File _____
- ☐ UCC 11 Search _____
- ☐ UCC 11 Retrieval _____
- ☐ Courier _____

Signature _____

Requested by: BA

12/10/18

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

**Articles of Organization
of
US Realty WCT, LLC**

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TALLAHASSEE, FLORIDA

The undersigned, desiring to form a limited liability company under and pursuant to Florida Statute Section 605.0201 (2018) entitled "Revised Limited Liability Company Act" does hereby adopt the following Articles of Organization for such company:

ARTICLE I - NAME AND EFFECTIVE DATE

The name of the limited liability company is US Realty WCT, LLC and the effective date of its existence is January 1, 2019.

ARTICLE II - PURPOSE, DURATION AND CONTINUED EXISTENCE

The LLC is created for the purpose of owning and managing commercial real estate for long term rental and appreciation. The LLC's duration shall be perpetual, unless terminated by the unanimous written agreement of all members or by the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or upon the occurrence of any other event which terminates the continued membership of a member; unless the business of the LLC is continued by the consent of all the remaining members, or by amendment of these Articles of Organization providing for the continued existence of the LLC subsequent to the foregoing events.

ARTICLE III - ADDRESS

The initial mailing and street address of the principal office of the LLC is 706 Golfpark Drive, Celebration, FL 34747.

ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this LLC is 706 Golfpark Drive, Celebration, FL 34747; and the name of the initial registered agent of this

LLC at that address is Wiverson Carlos Trecenti.

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 application, I hereby certify that I am familiar with and accept the responsibility, obligations and appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties as registered agent.


Wiverson Carlos Trecenti

ARTICLE V - MEMBERS OF THE LLC

The members of the LLC are:

Wiverson Carlos Trecenti 50%
706 Golfpark Drive
Celebration, FL 34747

Clarissa Castiglione Trecenti 50%
706 Golfpark Drive
Celebration, FL 34747

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TALLAHASSEE, FLORIDA

ARTICLE VI - MANAGEMENT OF COMPANY

The LLC is to be a manager-managed company. The name and address of the Managers are:

Wiverson Carlos Trecenti, AMBR
706 Golfpark Drive
Celebration, FL 34747

Clarissa Castiglione Trecenti, MBR
706 Golfpark Drive
Celebration, FL 34747

IN WITNESS WHEREOF, the undersigned Incorporator has hereunto set his hand and seal this 7th day of December 2018.

Wiverson C. Trecenti
Wiverson Carlos Trecenti, Incorporator

STATE OF FLORIDA
COUNTY OF OSCEOLA

The foregoing instrument was acknowledged before me this 7th day of December 2018 by **Wiverson Carlos Trecenti**, who is ☒ personally known to me *or* ☐ who produced his State of Florida's Driver's License No. _____, as identification and who did not take an oath.

Melvin Pearlman
Notary Public
My Commission Expires:



MELVIN PEARLMAN
Commission # GG 245618
Expires September 12, 2022
Bonded thru Budget Notary Services

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TALLAHASSEE, FLORIDA