L19000 110 704

(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.				

Office Use Only

APR 3 0 2019



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TE APR 30 AM 10: 1

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 4/30/19

NAME: 210 WILSON PEAK LLC

TYPE OF FILING: ARTICLES

COST: 155.00

RETURN: CERTIFIED COPY CHECKED

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

10:	New Filing Section Division of Corporations				
SUBJEC	210 WILSON PEAK, LLC T:				
	Name of	Limited Liabil	ity Company		
The enclo	osed Articles of Organization and fee(s	s) are submitted	for filing.		
	um all correspondence concerning thi				
	JOELLE CHURIK				
		Name of	Person		
	UNISEARCH, INC.				
	Firm/Company				
	6420 DOUBLE EAGLE DR. SUIT	E 307			
		Addre	ess		
	WOODRIDGE, IL 60517				
	bphillips@phillipsandphillips.com	City/State and	Zip Code		
	E-mail address: (to be u	sed for future as	nnual report notification)		
For further i	nformation concerning this matter, ple	ease call;			
	JOELLE CHURIK	844	437-3663		
	Name of Person	Area Code	Daytime Telephone Number		
Enclosed is	s a check for the following amount:				
]\$ 125.00 F		Certifie	S160.00 Filing Fee, Certificate of Status & Copy is enclosed) Certified Copy (additional copy is enclosed)		
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314) ((2	itreet Address New Filing Section Division of Corporations Tifton Building 661 Executive Center Circle Callahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	TOWN TOWN					
ARTICLE I - Name:						
The name of the Limited Liability Company is:						
,						
210 WILSON PEAK, LLC						
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")						
	y sampley, block, of life.					
ARTICLE II - Address:						
The mailing address and street address of the principal office of the Limited Liability Company is:						
Principal Office Address:	Mailing Address:					
710 CORAL WAY	·· ·					
FORT LAUDERDALE, FL 33301	710 CORAL WAY					
	FORT LAUDERDALE, FL 33301					
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 ago	ent are:					
BLAINE L. PHILLIPS						
Ne	ame					

710 CORAL WAY
Florida street address (P.O. Box NOT acceptable)

FORT LAUDERDALE FL 33301

City State 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)

(CONTINUED)

PR 30 AM 10:

FILED

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	horized to manage and control the Limited Liability Company: Name and Address:	
AMBR	PHILLIPS & PHILLIPS	
	4566 STEUBEN ROAD BETHLEHEM, PA 18020	
MGR	BLAINE L. PHILLIPS 710 CORAL WAY	
	FORT LAUDERDALE, FL 33301	
AMBR	SHERYL MAHER 710 CORAL WAY	
•	FORT LAUDERDALE, FL 3301	
		
(Use attachment if necessary)		
the date of filing.)	of filing: ific and cannot be more than five business days prior to or 90 days ago the statutory filing requirements, this date will not be list	after ted as
ARTICLE VI: Other provisions, if any.	State S records.	
REQUIRED SIGNATURE:	alex	
I am aware that any false in	ber or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State selony as provided for in s.817.155, F.S.	19
BLAINE L. PHILL	IPS, General Partner of Managing Member	P

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)

ARTICLE IV-