

L19000166913

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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(((H19000207458 3)))



H190002074583ABC3

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : I19990000006
Phone : (407) 425-7010
Fax Number : (407) 425-2747

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jlagmay@wendovergroup.com

FILED
 19 JUL - 8 AM 11:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.

WENDOVER DEVELOPER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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N CULLIGAN

JUL - 9 2019

* * * COMMUNICATION RESULT REPORT (JUL. 8. 2019 12:58PM) * * *

FAX HEADER 1:
FAX HEADER 2:

TRANSMITTED/STORED FILE MODE	JUL 8 2019 12:57PM OPTION	ADDRESS	RESULT	PAGE
8899 MEMORY TX		G3 850-617-6381	OK	4/4

REASON FOR ERROR OR LINE FAIL
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 E-2) NO ANSWER
 E-3) MAIL SIZE OVER

E-2) BUSY
 E-4) NO FACSIMILE CONNECTION

Division of Corporations

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Florida Department of State

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Wendover Developer, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

N. Dwayne Gray, Jr. Esq.

Name of Person

Zimmerman Kiser Sutcliffe, P.A.

Firm/Company

315 E. Robinson Street, Suite 600

Address

Orlando, FL 32801

City/State and Zip Code

jlagmay@wendovergroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dwayne Gray

407

425-7010

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wendover Developer, LLC

(Must contain 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:

1105 Kensington Park Dr., Suite 200
Altamonte Springs, FL 32714

1105 Kensington Park Dr., Suite 200
Altamonte Springs, FL 32714

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:

N. Dwayne Gray, Jr., Esq.

Name

315 E. Robinson Street, Suite 600

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

Orlando

FL

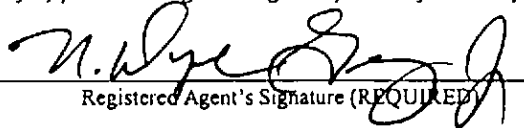
32801

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)

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19 JUL -8 AM 11:55
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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Manager

Name and Address:

Jonathan L. Wolf

1105 Kensington Park Dr., Suite 200

Altamonte Springs, FL 32714

Member

Jonathan L. Wolf

1105 Kensington Park Dr., Suite 200

Altamonte Springs, FL 32714

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Jonathan L. Wolf, Manager

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)

FILED
19 JUL -8 4:11:55
SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA