

L19000305508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

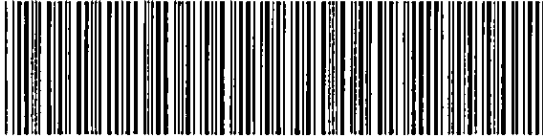
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECY DIV OF STATE  
TALLAHASSEE, FL

FILED

**CAPITAL CONNECTION, INC.**

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

WCT DEVELOPMENT, LLC

Signature \_\_\_\_\_

Requested by: BA

12/23/19

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

- \_\_\_ 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 \_\_\_\_\_

**Articles of Organization  
of  
WCT DEVELOPMENT, LLC**

The undersigned, desiring to form a limited liability company under and pursuant to Florida Statute Section 605.0201 (2019) 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 WCT DEVELOPMENT, LLC and the effective date of its existence is January 1, 2020.

ARTICLE II - PURPOSE, DURATION AND CONTINUED EXISTENCE

The LLC is created for the purpose of owning and managing residential real estate for long term rental income and capital appreciation or for any other lawful purpose. The LLC's duration shall be perpetual, unless terminated pursuant to the terms its Operating Agreement.

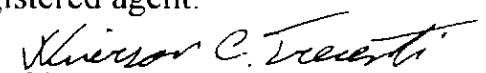
ARTICLE III - ADDRESS

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 for 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

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ARTICLE V - MEMBERS OF THE LLC

The sole member of the LLC is:

Wiverson Carlos Trecenti                      100%  
706 Golfpark Drive  
Celebration, FL 34747

ARTICLE VI - MANAGEMENT OF COMPANY

The LLC is to be an authorized manager-managed company. The name and address of the Manager is:

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

IN WITNESS WHEREOF, the undersigned Incorporator has hereunto set his hand and seal this 20<sup>th</sup> day of December 2019.

Wiverson C. Trecenti  
Wiverson Carlos Trecenti, Incorporator

STATE OF FLORIDA  
COUNTY OF OSCEOLA

The foregoing instrument was acknowledged before me this 20<sup>th</sup> day of December 2019 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:

SEAL

