

L20000042291

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000048639 3)))



H200000486393ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : GRAYROBINSON, P.A. - ORLANDO  
 Account Number : I20010000078  
 Phone : (407) 843-8880  
 Fax Number : (407) 244-5690

FILED  
20 FEB 12 11:21  
STATE  
CORPORATIONS

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

Email Address: tucker.thoni@gray-robinson.com

FLORIDA LIMITED LIABILITY CO.  
WAM MCP Investments

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED  
2020 FEB 12 AM 10:13  
STATE  
CORPORATIONS

FOR  
FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I**

**Name**

The name of this Limited Liability Company is: **WAM MCP INVESTMENTS, LLC**

**ARTICLE II**

**Address**

The initial mailing address and street address of the principal office of this Limited Liability Company is:

8633 South Bay Dr.  
Orlando, FL 32819

**ARTICLE III**

**Purpose**

The purpose of the limited liability company is to engage in business generally investment in real estate development companies and real estate assets, as well as to conduct any other lawful business activities under Chapter 605, Florida Statutes.

**ARTICLE IV**

**Management**

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

**ARTICLE IV**

**Registered Agent, Registered Office & Registered Agent's Signature**

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

GrayRobinson, P.A.  
301 E. Pine Street, Suite 1400  
Orlando, FL 32801

*Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.*


REGISTERED AGENT'S SIGNATURE



---

*In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in Section 817.155, Florida Statutes.*

AUTHORIZED REPRESENTATIVE'S SIGNATURE



---

Matthew M. Wideman, Authorized Representative