

L21000025690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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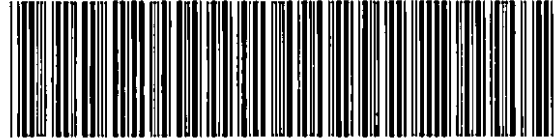
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JAN 27 PM 1:00

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RECORDED
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PICK UP: 01/27/2021

☐ **CERTIFIED COPY** _____
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1. **AKR WILDWOOD LLC**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

Articles of Organization

AKR WILDWOOD LLC

2021 JAN 27 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FL

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I -Name:

The name of the Limited Liability Company is:

AKR WILDWOOD LLC

ARTICLE II -Address:

The mailing address and street address of the principal office of the Limited Liability Company are:

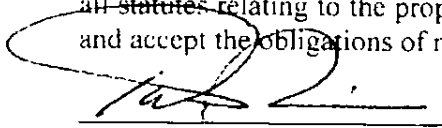
174 W Comstock Ave.
Suite 112
Winter Park, FL 32789

ARTICLE III -Registered Agent and Registered Office:

The name and the Florida street address of the initial registered agent of the Limited Liability Company are:

Kyle D. Riva
174 W Comstock Ave.
Suite 112
Winter Park, FL 32789

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.



Name: Kyle D. Riva

ARTICLE IV – Managers:

The Limited Liability Company is Manager-Managed. The name and address of each person authorized to manage and control the Limited Liability Company are:

<u>Title</u>	<u>Name and Address</u>
Manager	Kyle D. Riva 174 W Comstock Ave. Suite 112 Winter Park, FL 32789

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledge them to be my act this 3rd day of December 2020. In accordance with Section 605.0203(1)(b) and Section 605.0205(3), 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 for in Section 817.155, Florida Statutes.

By: 
Name: Kyle D. Riva
Title: Authorized Signatory

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