

L21000161037

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO. WS TURKEY LAKE, LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I - Name

The name of this limited liability company (the "Company") is **WS Turkey Lake LLC**.

ARTICLE II - Address

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

824 Highland Avenue
Orlando, Florida 32803

ARTICLE III - Existence and Duration

The Company shall commence its existence on the date that these Articles of Organization are filed with the Department of State, and its duration shall be perpetual unless sooner dissolved by law.

ARTICLE IV - Management

The company shall be a manager-managed Company in accordance with the Operating Agreement of the Company. The initial managers of the Company, and their addresses, are:

Wm. Michael Mikkelsen
824 Highland Avenue
Orlando, Florida 32803

ARTICLE V - Registered Agent

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

Wm. Michael Mikkelsen
824 Highland Avenue
Orlando, Florida 32803

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, Florida Statutes.


Wm. Michael Mikkelsen, Registered Agent

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REQUIRED SIGNATURE:



Wm. Michael Mikkelsen,
Authorized Representative of Member

(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 for in section 817.155, Florida Statutes.)

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