Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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	busin	ess	entity	to	bе	used	for	fut	ure
a:	nnual	report	. mailin	qs.	Enter	only	one	email	add	res	s ple	ase.	**	$\frac{22}{2}$

Email Address:

FLORIDA LIMITED LIABILITY CO. WEST ORANGE BUILDINGS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

COVER LETTER

	New Filing Se Division of Co				
SUBJEC	West Orga	nge Buildings, LLC			
SUBJEC	li	Name of	Limited Lahi	lity Company	
The enclo	sed Articles o	f Organization and fee(s)) are submitte	d for filing,	
Please ret	um all corresp	ondence concerning this	matter to the	following	
	John Herbe	n			
			Name o	f Person	
	Herbert Log	gal Group, LLC			
		_	Finn/C	отрату	
	101 Vicker	y Street			
			Add	ress	
	Roswell GA	A 30075			
	iohn@lherber	tlegalgroup.com	City/State at	nd Zip Code	
		E-mail address: (to be us	sed for future	smual report notificat	ion)
For further i		programing this matter, ple		·	·
	John Herbert	t at (404	312.8775	
	Nam	ns of Person	Area Code	Daytime Telephon	e Number
Enclosed i	s a check for t	he following amount:			
) Filing Fee	☐\$130.00 Filing Fee Certificate of Status	Certifi	5.00 Filling Fee & ed Copy al copy is enclosed)	S160.00 Fling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		A Volumen		Street Address	
		iling Section on of Corporations		New Filing Section Di The Centre of Tallahe	
		ox 6327		2415 N. Monroe Stree	
		assee, FL 32314		Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liab	bility Company is:		
West Orange Bui	ldings, LLC		
(Must c	ontain the words "Limited	Liability Company	y, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and stree	et address of the principal o	office of the Limits	ed Liability Company is:
Prie	cipal Office Address:		Mailing Address:
****			33 Old Milton Pkwy Sto 270
3333 Old Milton	Picwy Ste 270	33	22 Old HULLWITTEN & 200 710
Alpharetta GA 30 ARTICLE III - Registered ARTICLE Limited Liability Compa	Agent, Registered Offics, kny cannot serve as its own	& Registered Agent	pharetia GA 30005
Alpharetta GA 30 ARTICLE III - Registered ARTICLE Limited Liability Compa	Agent, Registered Offics, kny cannot serve as its own	& Registered Agent	pharetta GA 30005
Alpharetta GA 30 ARTICLE III - Registered ARTICLE Limited Liability Companions another business entity with a	Agent, Registered Offics, any cannot serve as its own an active Florida registration	& Registered Agant	pharetta GA 30005
Alpharetta GA 30 ARTICLE III - Registered ARTICLE Limited Liability Companions another business entity with a	Agent, Registered Offics, any cannot serve as its own an active Florida registration	& Registered Agant a Registered Agant on.)	pharetta GA 30005
Alphareita GA 30 ARTICLE III - Registered	Agent, Registered Offics, my cannot serve as its own an active Florida registration an address of the registere	& Registered Agant a Registered Agant on.)	pharetta GA 30005
Alpharetta GA 30 ARTICLE III - Registered ARTICLE Limited Liability Companions another business entity with a	Agent, Registered Offics, my cannot serve as its own an active Florida registration an address of the registere	& Registered Agant on.) d agent are: ervices, Inc.	pharetta GA 30005
Alpharetta GA 30 ARTICLE III - Registered ARTICLE Limited Liability Companions another business entity with a	Agent, Registered Offics, any cannot serve as its own an active Florida registration and address of the registere Capital Corporate So	& Registered Agant on.) d agent are: ervices, Inc. Name	pharetta GA 30005 ent's Signature: . You must designate an individual or
Alpharetta GA 30 ARTICLE III - Registered ARTICLE Limited Liability Companions another business entity with a	Agent, Registered Offics, my cannot serve as its own an active Florida registration address of the registere Capitol Corporate So 515 E. Park Ava., Fl	& Registered Agant on.) d agent are: ervices, Inc. Name	pharetta GA 30005 ent's Signature: . You must designate an individual or

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 didies, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Kim Tadlock, as Asst. Secretary on behalf of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 JUN 15 PH 3: 1 SECRETALY OF STA

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Oth Vest US, Inc.
	3333 Old Milton Plewy Ste 270
	Alpharetta GA 30005
	
	
EV: Effective date, if other than the o	tate of filing: (OPTIONAL)
ective date is listed, the data must be of filing.)	specific and cannot be more than five business days prior to or 90 do ot meet the applicable statutory filling requirements, this date will not b
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E-V: Effective date, if other than the decive date is listed, the date must be if filling.) the date inserted in this block does onent's effective date on the Departme E-VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document if ever I am aware that any if	ot meet the applicable statutory filing requirements, this date will not be ent of State's records. Leafur member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.