L21000285904

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



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2021 JUR 18 FM 3: 11

2021 JUN 18 AMIO: 35 SECRETARY OF STATE

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com



ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM M

Melissa Moreau

850.656.7953

REQUEST DATE 6/18/2021

PRIORITY Regular Approval

OUR REF # (Order ID#) 929046

ORDER ENTITY

WRI RENTAL PROPERTIES, LLC

PLEASE	PERFORM	THE FOLL	OWIN	G SERVICES	5:
WRI R	ENTAL PR	<u>OPERTIES</u>	, LLC	<u>(FL)</u>	

Please file the attached articles and provide a certified copy.

NOTES:

\$155.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

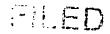
Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, June 18, 2021 Page 1 of 1



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

• 2021 JUN 18 AM 10: 35

SECRETARY OF STATE TALLAHASSEE, FL

WRLR	ENTAL	PROPERTIES,	LLC
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(Mus	at contain the words "Limited I	Liability Company.	, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and st	reet address of the principal o	ffice of the Limited	d Liability Company is:	
Pr	rincipal Office Address:		Mailing Address:	
17728 US HW	Y 41	177	17728 US HWY 41	
SPRING HILL	FL 34610	SPE	SPRING HILL FL 34610	
The Limited Liability Cor mother business entity wi	ed Agent, Registered Office, an appropriate and active Florida registration of the registered address of the registered	Registered Agent.	ent's Signature: You must designate an individual or	
The Limited Liability Cor mother business entity wi	npany cannot serve as its own th an active Florida registratio street address of the registered	Registered Agent. n.) agent are:		
The Limited Liability Cor mother business entity wi	npany cannot serve as its own th an active Florida registratio	Registered Agent. n.) agent are:		
The Limited Liability Cor mother business entity wi	npany cannot serve as its own th an active Florida registratio street address of the registered	Registered Agent. n.) agent are: LLIAMS		
The Limited Liability Cor mother business entity wi	npany cannot serve as its own th an active Florida registratio street address of the registered TALMADGE C. WI	Registered Agent. n.) agent are: LLIAMS Name	You must designate an individual or	
The Limited Liability Cor mother business entity wi	npany cannot serve as its own th an active Florida registratio street address of the registered TALMADGE C. WI 17728 US HWY 41	Registered Agent. n.) agent are: LLIAMS Name	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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

MGR. BONNIE L.WILLIAMS 17728 US HWY 41 SPRING HILL FL 34610 CONTINUE TO THE TOTAL SPRING HILL FL 34610 CONT	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
(Use attachment if necessary) FICLE V: Effective date, if other than the date of filing:	MGR.	17728 US HWY 41
(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing:		SECRETALL AND TAILERS OF TAILERS
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		
effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day ate of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be locument's effective date on the Department of State's records. ICLE VI: Other provisions, if any.	(Use attachment if necessary)	ATE 35
ocument's effective date on the Department of State's records. ICLE VI: Other provisions, if any.	effective date is listed, the date must be specificate of filing.)	c and cannot be more than five business days prior to or 90 days a
	CLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	REOUIRED SIGNATURE:	
		er or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

TALMADGE C. WILLIAMS

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)