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# 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

FROM

Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

850.656.7953

REQUEST DATE 6/18/2021

**PRIORITY** Regular Approval

OUR REF\_#\_(Order\_ID#) 929046

ORDER ENTITY

WRI RENTAL PROPERTIES XV, LLC

850-245-6051

PLEASE PERFOR	M THE EA		CEDIACEC.
PLEASE PERFUR	KM INE FU	TLOATIAG	DEKATCED!
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WRI RENTAL PROPERTIES XV, LLC (FL)

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

WRI RENTAL PROPERTIES XV, LLC	
(Must contain the words "Limited Lial	ility Company, "L.L.C.," or "LLC.")
CLE II A LL	
CLE II - Address:  ailing address and street address of the principal offic  Principal Office Address:	of the Limited Liability Company is:  Mailing Address
ailing address and street address of the principal offic	, , ,

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

another business entity with an active Florida registration.)

TALMADGE C. WI	LLIAMS	
	Name	
17728 US HWY 41		
Florida street addres	s (P.O. Box <u><b>NOT</b></u> ac	cceptable)
SPRING HILL	FL	34610
City	State	Zip

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)

ZEA JUN 18 AMII: 27

## ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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 s.817.155. F.S.  TALMADGE C. WILLIAMS Typed or printed name of signee  Filing Fees:  125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 30.00 Certified Copy (Optional)	<u> Title:</u>	Name and Address:	
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SPRING HILL FL 34610  See attachment if necessary)  /: Effective date, if other than the date of filing:	MGR.	BONNIE L.WILLIAMS	
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