21000304500

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Cronoco _ rady, variety
(Document Number)
(Cooding Names)
Contification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600369319416

2021 JUL - 1 PH 4: 42

; !?

j

2021 JUL -1 AH 11: 26

1.12.



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: July 01, 2021	Account#: 12000000008		
Name: KEN HOWELL			
Reference #:1414250			
Entity Name: WATERCREST	OAKLEAF RE, LLC		
Articles of Incorporation/Authorization to	Transact Business		
☐ Amendment			
☐ Change of Agent	ISSUES? CALL		
Reinstatement KEN:			
Conversion	518-213-0738		
☐ Merger			
☐ Dissolution/Withdrawal			
☐ Fictitious Name			
Other			
Authorized Amount: \$125-			
Signature			

+1.212.947.7200

THED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 JUL - 1 AM 11: 26 SECRETARY OF STATE TALLAHASSEE FI

ARTICLE I - Name:

The name of the Limited Liability Company is:

Watercrest Oakleaf RE, LLC	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	
445 24th Street, Suite 300	445 24th Street, Suite 300	
Vero Beach, FL 32960	Vero Beach, FL 32960	
ARTICLE III - Registered Agent, Registered Office, & R.		
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Regianother business entity with an active Florida registration.)		
The Limited Liability Company cannot serve as its own Reg	istered Agent. You must designate an individual or	

Joan T. Williams		
	Name	<u></u>
445 24th Street, Sui	ie 300	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)
Vero Beach	Florida	32960
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)

2021 JUL -1 MIII: 26

DT	T/	T L	IV-
 нι	11.	L.F.	IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	TO A COLUMN
MGR	Joanie T. Williams
	445 24th Street, Suite 300
	Vero Beach, Fl. 32960
	(/) r
	SECRETARY OF STATE TALLATIASSEE, FL
	TALLAHASSEE.
	<u> </u>
	(1)
	min i
<u> </u>	
(If an effective date is listed, the date must b the date of filing.)	date of filing:
ARTICLE VI: Other provisions, if any.	
This document is ex I am aware that any	a member or an authorized representative of a member. Secured in accordance with section 605.0203 (1) (b), Florida Statutes. False information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
	Joan T. 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)
\$ 5.00 Certificate of Status (Optional)