

L21000333125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

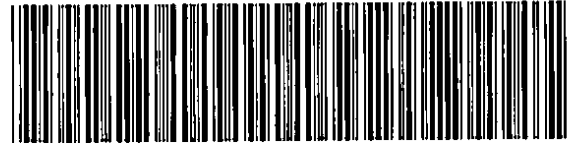
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUL 21 PM 1:01
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SECRETARY OF STATE
TALLAHASSEE, FL

441-341

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 921015 8287610
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 125.00

ORDER DATE : July 21, 2021
ORDER TIME : 2:47 PM
ORDER NO. : 921015-010
CUSTOMER NO: 8287610

DOMESTIC FILING

NAME: WFCW PROPCO MCCALL, LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyllena Baker - EXT.

EXAMINER'S INITIALS: _____

FILED

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WFCW PROPCO McCALL, 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:

Gables International Plaza
2655 S. Le Jeune Road, Suite 910
Coral Gables, Florida 33134

Gables International Plaza
2655 S. Le Jeune Rd., Suite 910
Coral Gables, Florida 33134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32301
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.

Corporation Service Company

By Eylina Bahar
Assistant Vice President
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE 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

MGR

Christopher Woodburn
Gables International Plaza, 2655 S. Le Jeune Rd., Suite 910
Coral Gables, Florida 33134

MGR

Andres Bethencourt
Gables International Plaza, 2655 S. Le Jeune Rd., Suite 910
Coral Gables, Florida 33134

SEE ATTACHED

(Use attachment if necessary)

2021 JUL 21 AM 10:36
SECTION OF STATE
TALLAHASSEE, FL

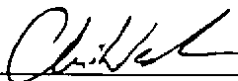
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.

Christopher J. Woodburn

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

President

Greg Ries
222 South Westmonte Drive, Suite 251
Altamonte Springs, Florida 32714

VP-Development

Steve Ljopfsky
222 South Westmonte Drive, Suite 251
Altamonte Springs, Florida 32714

VP-Real Estate

Colin Raskin
222 South Westmonte Drive, Suite 251
Altamonte Springs, Florida 32714

Treasurer

Art Cordova
222 South Westmonte Drive, Suite 251
Altamonte Springs, Florida 32714

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

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\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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1-1-21