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(Requestor's Name)	
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PICK-UP WAIT MAI	L
(Business Entity Name)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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	CERTIFIED COPY		·	
xx	РНОТОСОРУ			
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xx	FILING	LLC		
-	WAVERLY EAST MEL		, LLC	
-	(CORPORATE NAME AND DOCU	MENT #)		
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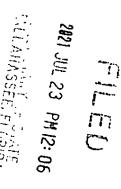
COVER LETTER

	New Filing Se Division of Co					
SUBJEC		East Melbourne. I	TC.			
o o o o o o o o o o o o o o o o o o o	· • ·	N	ame of Lir	mited Liabi	ity Company	
The encle	osed Articles o	f Organization an	d fec(s) ar	e submittee	for filing.	
Please re	turn all corresp	ondence concern	ing this m	atter to the	following:	
	Emilia R. A	kridge				
				Name of	Person	
	Crown Hole	lings Group, LLC	1			
				Firm/Co	mpany	
	4828 Ashfo	rd Dunwoody Ro	ad, Suite	400		
				Addı	ess	
	Atlanta, GA	30338				
		,	C	City/State an	d Zip Code	
		wnhgroup.com	o be used	for fiture (unual report notificat	ion)
For further		oncerning this ma			uniuat report nouncai	ion)
	Emilia R. Al	ridge	77 at (-	391-1233	
	Nan	of Person		rea Code	Daytime Telephor	ne Number
Enclosed	is a check for t	he following amo	ount:			
≡\$ 125.0	0 Filing Fee	□\$130,00 Fili Certificate of	ng Fee & Status	Certifi	5.00 Filing Fee & ed Copy at copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	14 - 11to				G	

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Waverly East	Melbourne, LLC				
(Mt	ist contain the words "Limited	Liability Company, "	'L.L.C.," or "LLC.")		
TICLE II - Address:					
	street address of the principal o	ffice of the Limited I	Liability Company is:		
Principal Office Address:			Mailing Address: 4828 Ashford Dunwoody Road		
4828 Ashford	4828 Ashford Dunwoody Road				
Suite 400		Suite	400		
Atlanta, GA 30338			Atlanta, GA 30338		
TICLE III - Register e Limited Liability Co	red Agent. Registered Office, ompany cannot serve as its own	& Registered Agent Registered Agent. Y	t's Signature:		
TICLE III - Register e Limited Liability Co ther business entity w	ed Agent. Registered Office.	& Registered Agent Registered Agent. Y	t's Signature:		
TICLE III - Register e Limited Liability Co ther business entity w	red Agent. Registered Office, ompany cannot serve as its own ith an active Florida registration street address of the registered	& Registered Agent Registered Agent. Y			
TICLE III - Register e Limited Liability Co ther business entity w	red Agent. Registered Office, ompany cannot serve as its own ith an active Florida registration street address of the registered	& Registered Agent Registered Agent. Y n.) agent are:	t's Signature:		
TICLE III - Register e Limited Liability Co ther business entity w	red Agent, Registered Office, ompany cannot serve as its own ith an active Florida registration street address of the registered Blair G. Schlossberg	& Registered Agent. Y Registered Agent. Y n.) agent are: Name	t's Signature: 'ou must designate an individual or		
TICLE III - Register e Limited Liability Co ther business entity w	red Agent, Registered Office, ompany cannot serve as its own in an active Florida registration street address of the registered Blair G. Schlossberg	& Registered Agent. Y Registered Agent. Y n.) agent are: Name	t's Signature: 'ou 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)

2021 JUL 23 PH 12: 06

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		
AR	Emilia R. Akridge	
	4828 Ashford Dunwoody Road, Suite 400	
	Atlanta, GA 30338	
		
ite of filing.)	specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not	•
CLE VI: Other provisions, if any.	in of state s records.	
REQUIRED SIGNATURE:	2. alerida	
Signature of a i	member or an authorized representative of a member.	
This document is exec	cuted in accordance with section 605.0203 (1) (b), Florida Statutes.	
I am aware that any fa constitutes a third deg	Ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.	
Emilia R. Akrie	doc	
giinia K. Akir	dge Typed or printed name of signee	
	. Most or framed traine of signer	
	Filing Fees:	2
\$125.00 Filing Fee for Articles of C	Organization and Designation of Registered Agent	2
	. Paumanon and residuation of tredistrict Whell	•

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)