8/10/2021



Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210003019503)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

55 Email Address:_ := FLORIDA LIMITED LIABILITY CO. SECP WPB LLC

Certificate of Status	U
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

From: Kimberly Laughrey

To: +18506176381 2021-08-10 14:17:58 CST 12122023573 Page: 3 of 4 From: Kimberly Laughrey

ARTICLES OF ORGANIZATION FOR FLOR	IDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
SECP WPB LLC	
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the principal office of the principal office Address:	of the Limited Liability Company is: <u>Mailing Address:</u>
One North Federal Highway	One North Federal Highway
Suite 300	Suite 300
Boca Raton, FL 33432	Boca Raton, FL 33432
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.) The name and the Florida street address of the registered agen	stered Agent. You must designate an individual or
Boca Raton, FL 33432 ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Regis	Boca Raton, FL 33432 gistered Agent's Signature: stered Agent. You must designate an individual or

National Registered	Agents, Inc.	
	Name	
1200 S. Pine Island I	Road	
Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)
Plantation	Florida	33324
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.

> Meredith Hellwig, Assistant Secretary Muddle Hellwig Registered Agent's Signature (REQUIRED)

> > (CONTINUED)



DocuSign Envelope ID: 9A1C74AB-5AB2-4709-AFC8-B4D85B772522

	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
•	"MGR" = Manager	
		CEC Bernard LLC
	AMBR	SEC Properties LLC One North Federal Highway, Suite 300
. •		Boca Raton, FL 33432
٠		
•		
•		
1		
•		
		
•		
TICL an effe date o	of filing.) the date inserted in this block does not meet	ic and cannot be more than five business days prior to or 90 days at t the applicable statutory filing requirements, this date will not be list
TICL an effe date o te: If	EV: Effective date, if other than the date of fective date is listed, the date must be specified filling.) The date inserted in this block does not meet ment's effective date on the Department of S	ic and cannot be more than five business days prior to or 90 days at t the applicable statutory filing requirements, this date will not be list
TICL an effe date o te: If docum	EV: Effective date, if other than the date of fective date is listed, the date must be specifiof filling.) the date inserted in this block does not meet	ic and cannot be more than five business days prior to or 90 days at t the applicable statutory filing requirements, this date will not be list
TICL an effe date o te: If docum	EV: Effective date, if other than the date of fective date is listed, the date must be specified filling.) The date inserted in this block does not meet ment's effective date on the Department of S	ic and cannot be more than five business days prior to or 90 days at t the applicable statutory filing requirements, this date will not be list
TICL an effe date o te: If docum	EV: Effective date, if other than the date of fective date is listed, the date must be specified filling.) The date inserted in this block does not meet ment's effective date on the Department of S	ic and cannot be more than five business days prior to or 90 days at t the applicable statutory filing requirements, this date will not be list
TICL an effecte: If document	EV: Effective date, if other than the date of fective date is listed, the date must be specified filling.) the date inserted in this block does not meet ment's effective date on the Department of SEVI: Other provisions, if any.	ic and cannot be more than five business days prior to or 90 days at the applicable statutory filing requirements, this date will not be list state's records.
TICL an effecte: If document	E V: Effective date, if other than the date of fective date is listed, the date must be specified filling.) The date inserted in this block does not meet ment's effective date on the Department of SE VI: Other provisions, if any.	ic and cannot be more than five business days prior to or 90 days at the applicable statutory filing requirements, this date will not be list state's records.
TICL an effecte: If document	E V: Effective date, if other than the date of fective date is listed, the date must be specified filling.) the date inserted in this block does not meet ment's effective date on the Department of SE VI: Other provisions, if any. REQUIRED SIGNATURE:	ic and cannot be more than five business days prior to or 90 days at the applicable statutory filing requirements, this date will not be list state's records.
TICL an effe date of te: If documents	EV: Effective date, if other than the date of fective date is listed, the date must be specificated in this block does not meet ment's effective date on the Department of SE VI: Other provisions, if any. REQUIRED SIGNATURE:	ic and cannot be more than five business days prior to or 90 days at the applicable statutory filing requirements, this date will not be list state's records.
TICL an effe date of ote: If documents:	E V: Effective date, if other than the date of fective date is listed, the date must be specificated in this block does not meet ment's effective date on the Department of SE VI: Other provisions, if any. REQUIRED SIGNATURE:	ic and cannot be more than five business days prior to or 90 days at the applicable statutory filing requirements, this date will not be list state's records. Late's records. Late Baluman Late 155(550)=53. Later or an authorized representative of a member.
TICL an effe date of ote: If documents:	EV: Effective date, if other than the date of fective date is listed, the date must be specific filing.) the date inserted in this block does not meet ment's effective date on the Department of SE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb This document is executed I am aware that any false infective date of the control	it and cannot be more than five business days prior to or 90 days at the applicable statutory filing requirements, this date will not be list state's records. Late's records. Late Balluman Late 158 65504 F3. Let or an authorized representative of a member. Lin accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State
TICL an effe date of te: If documents	EV: Effective date, if other than the date of fective date is listed, the date must be specific filing.) the date inserted in this block does not meet ment's effective date on the Department of SE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb This document is executed I am aware that any false infective date of the control	it and cannot be more than five business days prior to or 90 days at the applicable statutory filing requirements, this date will not be list state's records. Late's records. Late Ballman Late 155(550) 671. Later or an authorized representative of a member. Later or an authorized representative of a member. Later or an authorized representative of a member.
an effect date of the documents of the d	EV: Effective date, if other than the date of fective date is listed, the date must be specific filing.) the date inserted in this block does not meet ment's effective date on the Department of SE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb This document is executed I am aware that any false inficonstitutes a third degree fellows.	it and cannot be more than five business days prior to or 90 days at the applicable statutory filing requirements, this date will not be list state's records. Late's records. Late Balluman Late 158 65504 F3. Let or an authorized representative of a member. Lin accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State
an effect date of the documents of the d	E V: Effective date, if other than the date of fective date is listed, the date must be specific filing.) The date inserted in this block does not meet ment's effective date on the Department of SE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb This document is executed I am aware that any false inf constitutes a third degree fel	the applicable statutory filing requirements, this date will not be list state's records. Late's records.
an effect date of the documents of the d	E V: Effective date, if other than the date of fective date is listed, the date must be specific filing.) The date inserted in this block does not meet ment's effective date on the Department of SE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb This document is executed I am aware that any false inf constitutes a third degree fel	it and cannot be more than five business days prior to or 90 days at the applicable statutory filing requirements, this date will not be list state's records. Late's records. Late Balluman Late 158 65504 F3. Let or an authorized representative of a member. Lin accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State
etticl an effe date of te; If documenticl.	E V: Effective date, if other than the date of fective date is listed, the date must be specific filing.) The date inserted in this block does not meet ment's effective date on the Department of SE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb This document is executed I am aware that any false inf constitutes a third degree fel	the applicable statutory filing requirements, this date will not be list state's records. Late's records.
an effe date of te; If documental	EV: Effective date, if other than the date of fective date is listed, the date must be specific filing.) the date inserted in this block does not meet ment's effective date on the Department of SEVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb This document is executed I am aware that any false infections in the constitutes a third degree felegate.	the applicable statutory filing requirements, this date will not be list state's records. Late's records.
etticl an effe date of te; If documenticl.	EV: Effective date, if other than the date of fective date is listed, the date must be specific filing.) the date inserted in this block does not meet ment's effective date on the Department of SEVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb This document is executed I am aware that any false infections in the constitutes a third degree felegate.	the applicable statutory filing requirements, this date will not be list state's records. Late's records.