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(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 AUG 27 AM 8: 26

2021 AUG 27 PM 3: 45 RECEIVED CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

CONTACT PERSON: Alexxis Weiland - EXT.

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: August 27, 2021 ORDER TIME : 2:38 PM ORDER NO. : 978573-005 CUSTOMER NO: 7292859 DOMESTIC FILING NAME: CND-UNION DISTRICT, LLC EFFECTIVE DATE: __ ARTICLES OF INCORPORATION ____ CERTIFICATE OF LIMITED PARTNERSHIP XX __ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY ____ PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

COVER LETTER

	New Filing Section Division of Corporations						
CUD IDA	CND-Union District, LLC						
SUBJEC		ame of Limited L	iability Company		-		
The enclo	sed Articles of Organization and	d fee(s) are subm	itted for filing.				
	urn all correspondence concerni		•				
	John Burchfield						
		Nam	e of Person		_	-	
	Weekley Homes, LLC						
		Firm	ı/Company			•	
	1111 North Post Oak Road						
		مر	Address			- 23 CB	
	Houston, Texas 77055				(<u> </u>	2821 AUG 27	٠.
	hhennessee@dwhomes.com	City/Stat	e and Zip Code		AHABSEF	627	1
		o be used for futt	re annual report notifica	tion)	7.1	A	[
For further i	information concerning this matt	ter, please call;			;;;; ;;;;;;	e: 2	ť,
	Hillary Hennessee	713 at (316-3311		* 3 .4	6	
	Name of Person	Area Cod	e Daytime Telepho	ne Number			
Enclosed i	s a check for the following amou	ınt:					
	Filing Fee	ig Fee & Status Cei	\$155.00 Filing Fee & tified Copy ional copy is enclosed)	□\$160.00 Certificate Certified Co (additional co	of Status & opy		
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	;	Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre	assee			

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE 1 - Name:

CND-Union Distr		Lishilis Comme	WI I C " WI I C "		
(Must C	onatin the words "Limited I	Ciaomity Company,	"L.L.C or "LLC.)		
ARTICLE II - Address: The mailing address and stree	et address of the principal o	ffice of the Limited	Liability Company is:		
<u>Prin</u>	cipal Office Address:		Mailing Address:		
1111 North Post Oak Road		111			
Houston, Texas 77055			Houston, Texas 77055		
		-			
ARTICLE III - Registered /	Agent, Registered Office,	& Registered Agei	nt's Signature:	·	
ARTICLE III - Registered 2 (The Limited Liability Compa another business entity with a	any cannot serve as its own	Registered Agent.	nt's Signature: You must designate an individual or		
(The Limited Liability Compa another business entity with a	any cannot serve as its own an active Florida registratio	Registered Agent. (n.)	You must designate an individual or	285	
(The Limited Liability Compa	any cannot serve as its own an active Florida registratio	Registered Agent. (n.)	You must designate an individual or	2821 A	***
(The Limited Liability Compa another business entity with a	any cannot serve as its own an active Florida registratio	Registered Agent. n.) agent are:	You must designate an individual or	2821 AUG	- 1
(The Limited Liability Compa another business entity with a	any cannot serve as its own an active Florida registratio eet address of the registered	Registered Agent. n.) agent are:	You must designate an individual or	2821 AUG 27	77
(The Limited Liability Compa another business entity with a	any cannot serve as its own an active Florida registration at address of the registered Corporation Service (Registered Agent. n.) agent are: Company	You must designate an individual or	- (-
(The Limited Liability Compa another business entity with a	any cannot serve as its own an active Florida registratio eet address of the registered	Registered Agent. n.) agent are: Company Name	You must designate an individual or	2 ≥	
(The Limited Liability Compa another business entity with a	any cannot serve as its own an active Florida registratio eet address of the registered Corporation Service (1201 Hays Street	Registered Agent. n.) agent are: Company Name	You 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..

Corporation Service Company

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager <u>MGR</u>	DM Weekiey, Inc. 1111 North Post Oak Road Houston, Texas 77055
(Use attachment if necessary)	
(If an effective date is listed, the date must be sp the date of filing.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as a of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	wi
This document is execu I am aware that any fals	ember or an authorized representative of a member. Ited in accordance with section 605.0203 (1) (b), Florida Statutes. Ite information submitted in a document to the Department of State te felony as provided for in s.817.155, F.S.
John Burchfield	VP/Secretary/General Counsel

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

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

2021 AUG 27 AM 8:26