# 22000004558

(Reque	estor's Name)	
(Addre	ss)	
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(City/S	tate/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Nar	me)
(Docur	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	
		:





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2022 JAN -5 AHII1 IL RECRETARY OF STATE

## **CORPORATE** ACCESS,

When you need ACCESS to the world

INC.

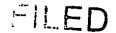
236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		V	VALK IN		
	PIC	K UP:	1/5 DANNY		
XX	CUS				
AA	FILING	LLC		<u></u>	
1.	WHFT AFFORDABLE (CORPORATE NAME AND DOC)	II DEVE	LOPER, LLC		
2.					
	(CORPORATE NAME AND DOC	JMENT #)			
3.	(CORPORATE NAME AND DOCI	JMENT #)			***
4.	(CORPORATE NAME AND DOCE	IMENIT #)			
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#### COVER LETTER

	ew Filing Section rivision of Corporations				
SUBJECT	WHFT AFFORDABL	E II DEVELO	PER, LLC		
30101.01	÷	Name of Lir	nited Liabili	ty Company	<del></del>
The enclos	sed Articles of Organization	on and fee(s) ar	e submitted	for filing.	
Please retu	rn all correspondence con	cerning this ma	atter to the fo	ollowing:	
	N. Dwayne Gray, Jr., Es	squire			
			Name of	Person	
	Zimmerman, Kiser & Se	utcliffe, P.A.			
		<del></del> ·	Firm/Cor	npany	<del></del>
	315 E. Robinson Street,	Suite 600			
			Addre	ss	
	Orlando, Florida 32801				
	jlagmay@wendovergroup		ity/State and	Zip Code	<del></del>
		·	for future ar	nnual report notificati	on)
For further i	nformation concerning thi			•	<b>,</b>
	Jessica Snyder ZKS Para		)7	425-7010	
	Name of Person	A	rea Code	Daytime Telephon	e Number
Enclosed is	s a check for the following	g amount:			
<b>■</b> \$125.00		0 Filing Fee & te of Status	Certifie	.00 Filing Fee & d Copy I copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	rations	) 11 2	Street Address New Filing Section Di The Centre of Tallaha 415 N. Monroe Stree Tallahassee, Fl. 3230	issee et, Suite 810



#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 JAN -5 AMII: 14

RECRETARY OF STATE TALLAHASSEE, FL

WHE	T A	FFO.	RDABL	E II DE'	VELOPER,	LLC

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

#### ARTICLE II - Address:

<u>Principa</u>	al Office Address:		Mailing Address:	
1105 Kensington Par	k Drive, Suite 200	110	5 Kensington Park Drive, Suite 200	
Altamonte Springs, FL 32714		Alta	Altamonte Springs, FL 32714	
nother business entity with an a	ective Florida registration	on.)	You must designate an individual o	
nother business entity with an a	ective Florida registration	on.) d agent are:	i ou must designate an individual o	
nother business entity with an a	active Florida registration	on.) d agent are:	1 ou must designate an individual o	
nother business entity with an a	active Florida registration	on.) d agent are: , Esquire Name	1 ou must designate an individual o	
nother business entity with an a	active Florida registration address of the registered N. Dwayne Gray, Jr.	on.) d agent are: ., Esquire Name ect, Suite 600		
another business entity with an a	active Florida registration address of the registered N. Dwayne Gray, Jr. 315 E Robinson Street	on.) d agent are: ., Esquire Name ect, Suite 600		

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)

A	D	TI	CI	Ľ	IV-
	1		<b>3</b> . I	. F.	

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager <u>MGR/MBR</u>	JONATHAN L. WOLF 1105 Kensington Park Drive, Suite 200 Altamonte Springs, FL 32714
	See Attachment
	SECRETALLA
	JAW - 5
	AN -5 AM II 14 ETWEY OF STAT LAHASSEE, FL
(Use attachment if necessary)	TATE
(If an effective date is listed, the date must be spec the date of filing.)	f filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	1. Dwge Dry. g

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.

N. Dwayne Gray, Jr., Esq. Authorized Representative
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)

### WHFT AFFORDABLE II DEVELOPER, LLC

#### **ARTICLE IV - ATTACHMENT**

Tranc and Address	<u>Title</u>	Name and Address
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MBR Glen F. Bamberger

1105 Kensington Park Drive, Suite 200

Altamonte Springs, FL 32714

Ryan S. Von Weller MBR

1105 Kensington Park Drive, Suite 200

Altamonte Springs, FL 32714

**MBR** Sara E. Wolf

1105 Kensington Park Drive, Suite 200

Altamonte Springs, FL 32714

**MBR** Harrison F. Wolf

1105 Kensington Park Drive, Suite 200

Altamonte Springs, FL 32714

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