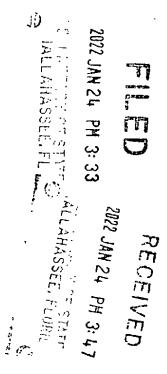
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# **CT CORP**

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

**Date:** 01/24/2022

Da	te: 01/24/2022
	Acc#120160000072
Name:	Chance WW Residential, LLC
Document #:	
Order #:	14116280
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of	
Apostille/Notarial Certification:	Country of Destination:  Number of Certs:
Filing: 🗸	€Certified: ✓ , Plain: COGS:
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$ 155.00  Thank you!

### COVER LETTER

	New Filing Sec Division of Cor				
SUD IEZ		W Residential, LLC			
SUBJEC	T:	Name o	of Limited Liab	pility Company	
The encl	osed Articles of	Organization and fee	(s) are submitt	ed for filing.	
Please re	turn all correspo	ondence concerning th	nis matter to the	e following:	
	Laura G. He	ster, Esq.			
	_	<u></u>	Name	of Person	
	Womble Bor	nd Dickinson (US) Ll	LP		
	***************************************		Firn/6	Company	
	271 17th Str	eet NW. Suite 2400			
			Ad	ldress	
	Atlanta, Geo	orgia 30363			
			City/State	and Zip Code	
		@wbd-us.com 	used for futur	e annual report notificati	ion)
D C .1				e umua, report monteur	,
For furthe	r information co	ncerning this matter,			
	Laura G. Hes		404 at (	879-2484 )	
	Nam	e of Person	Area Code	Daytime Telephon	e Number
Enclosed	l is a check for t	he following amount:			
			ee & ■\$ is Cert	155.00 Filing Fee & tified Copy onal copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	ig Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallahi 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORI	DA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Chance WW Residential, LLC	
(Must contain the words "Limited Liabilit	y Company, "L.L.C.," or "E.L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1451 Home Street	P.O. Box 10292
Jacksonville, Florida 32207	Jacksonville, Florida 32247
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent	are:
NRAI Services, Inc.	<del></del>

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.,

Name

Florida street address (P.O. Box NOT acceptable)

State

1200 South Pine Island Road

City

Plantation

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
Authorized Person	Judd Bobilin P.O. Box 10292 Jacksonville, Florida 32247	

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

Authorized Person Jeffrey Rosen P.O. Box 10292 Jacksonville, Florida 32247 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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.

ARTICLE IV-

#### REQUIRED SIGNATURE:

Signature of a menther 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.

Jeffrey Rosen

Typed or printed name of signee