L2200045342

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

800381178108

SECRE LARY OF STALE

2022 FEB - 7 PH 3: 20

NU 2/2/22

Office Use Only



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 02/07/2022

WALK IN

ENTITY NAME_WF WOODCREST SPE, LLC

DOCUMENT NUMBER______

PLEASE FILE THE ATTACHED AND RETURN

XXXX

Plain Copy Certified Copy Certificate of Status

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

Certified Copy of Arts & Amendments Certificate of Good Standing

**APOSTILLE' / NOTARIAL CERTIFICATION **

COUNTRY OF DESTINATION

NUMBER OF CERTIFICATES REQUESTED

TOTAL OWED \$125

ACCOUNT #: I20160000072

-5 × 3/16

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

• . .

•

TO:	New Filing Section Division of Corporations						
SURI	WF Woodcrest SPE, LLC						
3064	SUBJECT:Name of Limited Liability Company						
The end	closed Articles of Organization and fee(s) are submitted for filing.						
Please	return all correspondence concerning this matter to the following:						
	Kineshia Adamson						
	Name of Person						
	Dentons Sirote, P.C.						
	Firm/Company						
	2311 Highland Avenue South						
	Address						
Birmingham, AL 35205							
	City/State and Zip Code						
	E-mail address: (to be used for future annual report notification)						
For furthe	r information concerning this matter, please call:						
	Kineshia Adamson 205 930-5452						
	Name of Person Area Code Daytime Telephone Number						
Enclosed	is a check for the following amount:						
Q\$ 125.0	00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)						
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810Tallahassee, FL 32314Tallahassee, FL 32303						

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WF Woodcrest SPE, LLC

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

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	<u>Mailing Address</u> :
1029 22nd Street South	1029 22nd Street South
Binningham, AL 35205	Birmingham, AL 35205

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

NRAI Services, Inc.		
	Name	
1200 South Pine Isla	and Road	
Florida street addre	ss (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.

leitra - Paul By:

Registered Agent's Signature (REQUIRED) Natalie Leiba-Paul - Assistant Secretary

(CONTINUED)

SECRETARY OF STATE

2022 FEB -7 PM 4: 05 :

ARTICLE IV-

• .

.

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	WF Woodcrest, LLLP 1029 22nd Street South Birmingham, AL 35205	
		10122
		FEB +7
		PH H-O
	<u> </u>	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ______. (OPTIONAL) (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.

REOUIRED SIGNATURE:

Signature of a member of 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.

Bradley Sklar, Organizer

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)