O 02/16/2022 7:25 AM Division of Corporations



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Division of Corporations Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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# FLORIDA LIMITED LIABILITY CO. Woodlake Drive Manager LLC

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Estimated Charge	\$160.00



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## **ARTICLES OF ORGANIZATION** OF WOODLAKE DRIVE MANAGER LLC

**ARTICLE I: - Name** The name of the Limited Liability Company is Woodlake Drive Manager LLC

#### **ARTICLE II: - Address**

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

#### c/o Duncan Hillsley Capital, LLC 7900 Glades Road Suite 500 Boca Raton, Florida 33434

#### ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature The name and the Florida street address of the registered agent are:

### **Corporate Creations Network Inc.** 801 US Highway 1 North Palm Beach, Florida 33408

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.

> CORPORATE CREATIONS NETWORK INC., as Registered Agent

	/s/ Caitlin Lazarus	1 <b>202</b>
	Name: Caitlin Lazarus	
	Title _Special Secretary	FEB 16
ARTICLE IV: - Management The name and address of each person authorized to manage and control the limited liability company is a follows:		mited liability company is $\mathbf{x}^{(n)}_{(2)}$
Title:	Name and Address:	37 110 <sub>A</sub>
MGR	DHC Woodlake Drive LLC 7900 Glades Road, Suite 500	
	Boca Raton, Florida 33434	

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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on February <u>15</u>, 2022.

Shane Hillsley, authorized representative of a Member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, Florida Statutes.)

> Shane Hillsley Typed or printed name of signee

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