122-000 224349

(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

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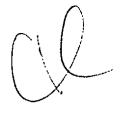


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CT CORP

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

Date: 05/23/2022

ate:	05/23/2022	
	Acc#I201600000	1072 an: CDW
589 5th A	venue Partners, LLC	
1434260	7	
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Amou	nt:\$ 155.00	2022 MAY 23 AM II: 18
	589 5th A	Acc#I20160000 589 5th Avenue Partners, LLC 14342607 Country of Destinati Number of Certs: Certified: Plain: COGS:

COVER LETTER

	ew Filing Sec ivision of Cor							
SUBJECT	. WWR OM	EGA LLC						
3000001	Name of Limited Liability Company							
The enclos	ed Articles of	Organization and	fee(s) are:	submitted	for filing.			
Please retu	rn all correspo	ndence concernin	g this matt	er to the f	ollowing:			
	Donald A. W	7. Smith						
				Name of	Person			
								
				Firm/Co	mpany			
	150 Allens C	Creek Road, Suite	100					
				Addr	ess		같,	2022
	Rochester, N	Y 14618					<u> </u>	2022 HAY 23
	don@afylaw.c	com	Cit	y/State an	d Zip Code		135.5 1.0.5.7	23
•			be used fo	or future a	innual report notificat	ion)	一声の	H.
or further is	nformation co	ncerning this matt	er, please o	call:			OHAO J.W.L	AH II: 18
	Donald Smith	1	585 at (i	729-1107		••	-
	Nam	e of Person		a Code	Daytime Telephon	e Number		
Enclosed is	s a check for th	ne following amou	int:					
□\$125.00	Filing Fee	□\$130.00 Filin Certificate of S	tatus	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 F Certificate of Certified Co (additional co	of Status & py	
	New Fi Divisio	g Address iling Section on of Corporations ox 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 I - Name:						
The name of the Limited Lia	bility Company is:					
WWR OMEGA	LLC					
(Must c	ontain the words "Limited	Liability Company, "	L.L.C.," or "LLC.")			
ARTICLE II - Address:						
The mailing address and stre-	et address of the principal	office of the Limited L	Liability Company is:			
<u>Prin</u>	cipal Office Address:		Mailing Address:			
5070 Highway A	IA	5070	5070 Highway A1A			
Suite 270		Suite	Suite 270			
Vero Beach, FL .	32963	Vero	Vero Beach, FL 32963			
ARTICLE III - Registered (The Limited Liability Companother business entity with	any cannot serve as its own	n Registered Agent. Y	ou must designate an individual or			
The name and the Florida str	eet address of the registere	d agent are:				
	C T Corporation System					
		Name				
	1200 South Pine Isla	and Road				
	Florida street addre	ss (P.O. Box <u>NOT</u> acc	ceptable)			
	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..

C T Gorporation System

By: (andur gradur)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 MAY 23 AM 11: 18

Name and Address: "AMBR" - Authorized Member "MGR" = Manager George W. Dorsey Managing Member 542 White Pelican Circle Vero Beach, FL 32963 Authorized Representati Cheri Jones 5070 Highway AlA, Suite 250 Vero Beach, FL 32963 Authorized Representati Donald A. W. Smith 150 Allens Creek Road, Suite 100 Rochester, NY 14618 (Use attachment if necessary) (OPTIONAL) 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. REQUIRED SIGNATURE: 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. Donald A, W. Smith 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)

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

ARTICLE IV-