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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 850786 7292859 AUTHORIZATION : COST LIMIT ORDER DATE : August 2, 2022 ORDER TIME : 12:38 PM ORDER NO. : 850786-005 CUSTOMER NO: 7292859 DOMESTIC FILING NAME: CND-RHODINE, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS:

COVER LETTER

	New Filing Solivision of C							
SURIEC	CND-Rh	odine, LLC						
SOBJEC			ame of Lir	mited Lial	oility Compa	ıny		
The enclo	sed Articles o	of Organization an	d fee(s) ar	e submitt	ed for filing.			
Please ret	urn all corresp	ondence concern	ing this m	atter to the	e following:			
	John Burch	field						
				Name	of Person		·	10 20
	Weekley H	omes, LLC						1100
		<u> </u>		Firm/C	Company	-	· · · · · · · · · · · · · · · · · · ·	S
	1111 North	Post Oak Road						127
	·			Adı	dress		+:	
	Houston, To	exas 77055					<u> </u>	
			С	ity/State a	and Zip Code	e		
		dwhomes.com	- 1 1	<u> </u>				
		E-mail address: (t			annuai repo	rt notificat	ion)	
For further i	nformation co	oncerning this mat	ter, please	eall:				
	Hillary Henr	iessee	7) at (316-331	1		
	Nam	ne of Person	Ar	rea Code	Daytim	e Telephon	e Number	
Enclosed is	s a check for t	he following amo	unt:					
□\$125.00	Filing Fee	□\$130.00 Filin Certificate of S		Certi	55.00 Filing fied Copy nal copy is e		□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		g Address			Street Add		intaina	
		iling Section on of Corporation:	S .		The Centre			
		ox 6327			2415 N. M		et, Suite 810	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Mu: ARTICLE II - Address:	st constin the words "I indeed I in			
ADTICLE H. Add	si conaun me words. Emilied Lia	bility Company, "L	.L.C.," or "LLC.")	
	street address of the principal offic	e of the Limited Li	ability Company is:	
Principal Office Address:			Mailing Address:	
	1111 North Post Oak Road		1111 North Post Oak Road	
Houston, Texa	ıs 77055		Houston, Texas 77055	
The Limited Liability Cornother business entity wi	ed Agent, Registered Office, & I mpany cannot serve as its own Registration.) street address of the registered age	gistered Agent. You ent are:	s Signature: u must designate an individual or	
The Limited Liability Cornother business entity wi	mpany cannot serve as its own Rejith an active Florida registration.) street address of the registered ago Corporation Service Con	gistered Agent. You ent are:	s Signature: u must designate an individual or	
The Limited Liability Cor another business entity wi	mpany cannot serve as its own Rejith an active Florida registration.) street address of the registered ago Corporation Service Con	gistered Agent. You ent are: npany	Signature: u must designate an individual or	
(The Limited Liability Cor another business entity wi	mpany cannot serve as its own Rejith an active Florida registration.) street address of the registered age Corporation Service Con	gistered Agent. You ent are: npany ame	u must designate an individual or	
The Limited Liability Cor mother business entity wi	mpany cannot serve as its own Reith an active Florida registration.) street address of the registered age Corporation Service Con No. 1201 Hays Street	gistered Agent. You ent are: npany ame	u must designate an individual or	

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	DM Weekley, Inc.
	1111 North Post Oak Road
	Houston, Texas 77055
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(Use attachment if necessary)	5
(If an effective date is listed, the date must be spec the date of filing.)	of filing:
	I State \$ records.
ARTICLE VI: Other provisions, if any.	
<u> </u>	
REQUIRED SIGNATURE:	MIM.
This document is executed I am aware that any false i	nber or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes. nformation submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
John Burchfield, V	ice President/Secretary/General Counsel Typed or printed name of signee

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

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)

ARTICLE IV-