Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

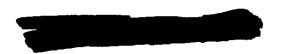
FLORIDA LIMITED LIABILITY CO. WPB HOLDINGS 5 LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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Corporate Filing Menu

Help



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
WPB Ho	oldings 5 LLC	
(Must contain the words "Limited Liz	ability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	ce of the Limited Liability Co	mpany is:
Principal Office Address:	<u>N</u>	lailias Address
3400 S Ocean Blvd, Unit 1D1	3400 S Ocean	Blvd, Unit 1D1
Palm Beach, FL 33480	Palm Beach, F	L 33480
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.) The name and the Florida street address of the registered a	egistered Agent. You must de)	re: signate an individual or
Capitol Corporat		
Capitol Ga parati	Vame	
515 East Park A	venue 2nd Fl	
Florida street address (P.O. Box NOT acceptable)	
Tallahassee FL	32301	<u>.</u>
City	State Zip)
Having been named as registered agent and to accept service place designated in this certificate, I hereby accept the appoint further agree to comply with the provisions of all statutes related functions with and accept the obligations of my position as	nument as registered agent and uting to the proper and complet registered agent as provided f	l agree to act in this capacity. It is performance of my duties, and I for in Chapter 605, F.S eay, Asst. Sec. on behalf of
	^d Capitol C	Corporate Services, Inc. 2
_	ed Ageint's Signature (REQUI (CONTINUED)	RED) RED) RED)
		* 3

ARTICLE IV-

	 Authorized I Manager 	<i>M</i> ember	Name and Address:	
MGR			Anna Park 19 Selden Lane, Greenwich,CT 06831	
				
				\dashv
41				
CLE V: Effective da te of filing.)	te is listed, the o	er than the date:	of filing: 08/30/22 (OPTIONAL) solfic and cannot be more than five business days prior to or 90 da	•
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