## 2300031845

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	<del> </del>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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AS

## Sunshine State Corporate Compliance Company

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

ENTITY NAME Woodla	- inds Lot 141 LLC		**WALK IN**
DOCUMENT NUMBER_			
	**PLEASE FILE THE	ATTACHED AND RETURN**	
	Plain Copy		
XXXXXXX	Certified Copy		
	Certificate of Status		
<b>10</b> 1	PLEASE OBTAIN THE FOL	LOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts &	Amendments	
	Certified Copy of Arts &	Amendments Complete File (Inclading Annual Report	ce)
	Certificate of Status		
	Certificate of Status Refle	cling:	
	**APOSTILLE' / NO	TARIAL CERTIFICATION**	
COUNTRY OF DESTINAT	TON		
NUMBER OF CERTIFICAT	· · · · · · · · · · · · · · · · · · ·		
TOTAL OWED \$ 155		ACCOUNT # 120140000108 United Corporate Services, Inc. issues or concerns. Thank you so me	Hepparl
Please call Tina at th	ie above number kor anu	issues or concerns. Thank you so me	ach!

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabi	lity Company is:			
woo	DLANDS LOT 141	LLC		
(Must con	ntain the words "Limited I	Liability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal o	ffice of the Li	mited Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address:	
13551 SW 38	AVE. ROAD		273 EAST 57TH STREET	
OCALA, FL	34473		BROOKLYN, NY 11203	
	13551 SW	Name V 38 AVE.	ROAD	
	Florida street address	(P.O. Box N	OT acceptable)	
	OCALA	FL	34473	
	City	State	Zip	
place designated in this certificate further agree to comply with the p	e, I hereby accept the appo provisions of all statutes re bligations of my position a s/Yvonne A	nintment as reg lating to the p as registered a Thomas	for the above stated limited liability compa gistered agent and agree to act in this cape roper and complete performance of my du igent as provided for in Chapter 605, F.S	acity. I
	Registe	red Agent's S	lignature (REQUIRED)	
		(CONTINU	ED)	

TALLARY OF ST

'AMBR" = Authorized Member	Name and Address:
MGR" = Manager AMBR/MGR	YVONNE A. THOMAS
	13551 SW 38 AVE, ROAD
	OCALA, FL. 34473
· <del>.</del>	
<del></del>	
tive date is listed, the date must be a	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
ctive date is listed, the date must be a filing.) the date inserted in this block does not ent's effective date on the Department VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will not
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ARTICLE IV-

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SECRETARY OF STATE
TALLAHASSEF STATE