La3000459028

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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S. HATHAM S.S.

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE: 046413 5153435
AUTHORIZATION:
COST LIMIT: \$ 125.00
ORDER DATE : October 4, 2023
ORDER TIME : 7:43 AM
ORDER NO. : 046413-005
CUSTOMER NO: 5153435
DOMESTIC FILING
NAME: WCO REAL ESTATE LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland-sorenson - EXT.

EXAMINER'S INITIALS:

COVER LETTER

то:	New Filing Sec Division of Cor					
SUBJEC		Estate LLC				
SOBJEC	~··	N'	ame of Lin	nited Liabi	ity Company	
The encl	osed Articles of	Organization an	d fee(s) are	e submitted	for filing.	
Please re	turn all correspo	ondence concern	ing this ma	atter to the	following:	
	James F. Sto	mber, Jr.				
				Name of	Person	
	The Witkoff	Group				
				Firm/Co	ompany	
	233 Broadwa	ay, Suite 2305				
				Addi	ess	
	New York, N	New York, 1027	9			
			C	ity/State ar	d Zip Code	
	stomberj@wir					
	l:	:-mail address: (to be used	for future :	nnual report notificat	ion)
For further	r information co	ncerning this ma	tter. please	cail:		
	James Stomb	er	21 at (2	672-4700	
	Nam	e of Person			Daytime Telephor	ne Number
Enclosed	l is a check for th	ne following amo	ount:			
□\$125.0	00 Filing Fee	□\$130.00 Fil Certificate of		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address			Street Address	ividian
		ling Section n of Corporation	ıs		New Filing Section D The Centre of Tallah	

P.O. Box 6327 Tallahassee, Fl. 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of	the Limited Liabilit	y Company is:				
<u>\\</u>	/CO Real Estate LI					
	(Must cont	ain the words "Limited	Liability Cor	mpany, "L.L.C.," or "LLC.")		
ARTICLE II The mailing a		Idress of the principal o	office of the I	Limited Liability Company is:		
	Principal Office Address:			Mailing Address:		
4-	400 Biscayne Blvd.	Suite 900, Miami, FL	33137	4400 Biscayne Blvd, Suite 900, Miami, F	1. 3	
another busin	ness entity with an a	active Florida registration	on.) d agent are:	Agent. You must designate an individual or	, .	
		Corporation Service	Name			
			Name		اع	
		1201 Hays Street	(D.O. D.)	NICYE		
		Florida street addres	is (P.O. Box ₂	NOT acceptable)	Æ! 10: 20	
		Tallahassee	<u>FL</u>	32301	0:	
		City	State	Zip	25	
olace designate urther agree to	ed in this certificate, comply with the pr	I hereby accept the app ovisions of all statutes r ligations of my position Uyyw	pointment as relating to the as registered	s for the above stated limited liability company registered agent and agree to act in this capacity proper and complete performance of my dution of a provided for in Chapter 605, F.S., Innove, MP	sity. T	
			(CONTIN	(UED)		

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
Manager	Alex Witkoff 4400 Biscayne Blvd, Suite 900, Miami, FL 33137	
Manager	Steven Witkoff 4400 Biscavne Blyd, Suite 900, Miami, FL 33137	
Vice President	Eric Jacobs 1680 Michigan Ave, Suite 700, #182 Miami, FL 33137	
	<u> </u>	
(Use attachment if necessary)	711 10: 20	
If an effective date is listed, the date must be specified the heater of filing.)	fiting:	
REQUIRED SIGNATURE:		
This document is executed I am aware that any false in	per or an authorized representative of a member, in accordance with section 605.0203 (1) (b). Florida Statutes, formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.	
Jam	es F. Stomber, Or. Typed or printed name of signer	

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)