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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SODL & INGRAM PLLC

Account Number : I20190000071 : (904)257-5777 Phone : (904)347-2738 Fax Number

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

Email Address: ron@rettnerrealty.com

FLORIDA LIMITED LIABILITY CO. WG NY LL MEMBER, LLC

Certificate of Status	0
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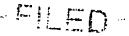
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE I - Name:

The name of the Limited Liability Company is:

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LAHASSEE, FL

WG NY LL MEMBER, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
6 FAIRFIELD BLVD STE 1	6 FAIRFIELD BLVD STE 1
PONTE VEDRA BEACH, FL 32082	PONTE VEDRA BEACH, FL 32082

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

RETTNER BUILDI	NG MANAGEMENT (CORPORATION
	Name	
6 FAIRFIELD BLV	D STE I	
Florida street addres	s (P.O. Box NOT acce	ptable)
PONTE VEDRA BE	ACH FLORIDA	32082
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..

Registered Agent's Signature (REQUIRED)
Andrew M. Sodl, Authorized Representative

(CONTINUED)

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"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	
	
(Use attachment if necessary) EV: Effective date, if other than the date.	ate of filing: (OPTIONAL)
EV: Effective date, if other than the decrive date is listed, the date must be filling.)	specific and cannot be more than five business days prior to or 90 d t meet the applicable statutory filing requirements, this date will not b
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