## 124000062537

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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2024 FEB -6 PH 12: 09

2024 FEB -5 AM 10: 21



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date: 02/0	06/2024	
Name:	Patrice Rush	
Reference #:	2262983	
		SDALE OAKS FL, LLC
✓ Articles of	Incorporation/Authorizati	on to Transact Business
Amendme	nt	
☐ Change of	Agent	
Reinstaten	nent	
Conversion	n	
Merger		
☐ Dissolution	n/Withdrawal	
☐ Fictitious N	lame	
Other		
Authorized Amou	nt: \$125.00	
Signature:	(Past	

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date: 02/06/2024
Name: Patrice Rush
Reference #: 2262983
Entity Name: FFAH WOODSDALE OAKS FL, LLC
✓ Articles of Incorporation/Authorization to Transact Business
Amendment
Change of Agent
Reinstatement
☐ Conversion
☐ Merger
☐ Dissolution/Withdrawal
☐ Fictitious Name
Other
Authorized Amount: \$125.00 Signature:

F: +852.2682.9790

## **COVER LETTER**

TO: New Filing Division of	Section Corporations					
SUBJECT:	FFA	H Woo	dsdale Oa	aks F	L, LLC	
	Nan	ne of Lir	nited Liabi	ility (	Company	<del></del>
The enclosed Article	s of Organization and	fee(s) аг	e submitte	d for	filing.	
Please return all corre	espondence concernin	g this m	atter to the	follo	owing:	
			Amy S	<del></del>		
			Name o	f Per	son	
	For	undatio			le Housing, Inc.	
			Firm/C	ompa	any	
		69 NV			., Suite 200	su.
			Add	lress		
			Bend, O			
			City/State a		•	
	E-mail address: (to		ansactions	_=_		
For further information	·					,
	Amy Sugden	at ( _	949	)	443-91	01
-	Name of Person	A	rea Code	I	Daytime Telephone	Number
Enclosed is a check f	or the following amou	int:				
\$125.00 Filing Fee	\$130.00 Filing I Certificate of S		Certi	fied (	iling Fee & Copy opy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Address				eet Address	
	New Filing Section Division of Corporations			New Filing Section Division of Corporations		
	P.O. Box 6327 Clifton Building				<b>011.</b> 3	
Ta	Tallahassee, FL 32314 2661 Executive Center Circle					

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	FFAH Wood	isdale Oaks FL, LLC	·	
(Must contain	the words "Limited Lia	ability Company, "L.L	.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street addr	ress of the principal offi	ce of the Limited Liab	ility Company is:	
Principal (	Principal Office Address:		Mailing Address:	
69 NW Newpor	rt Ave., Suite 200	69 N	69 NW Newport Ave., Suite 20	
Bend, 0	1D 07702	<del></del>	Bend, OR 97703	
ARTICLE III - Registered Agent (The Limited Liability Company ca	, Registered Office, & unnot serve as its own R	egistered Agent. You r	ignature:	
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an acti	., Registered Office, & unnot serve as its own R ive Florida registration.	egistered Agent. You r )	ignature:	
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an acti	., Registered Office, & innot serve as its own R ive Florida registration.	egistered Agent. You r )	ignature:	
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an acti	, Registered Office, & unnot serve as its own R ive Florida registration. dress of the registered a	egistered Agent. You r ) gent are:	ignature:	
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an acti	Registered Office, & unnot serve as its own R ive Florida registration.  dress of the registered a	egistered Agent. You r ) gent are: gency Global Inc.	ignature: nust designate an individual o	
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an acti	Registered Office, & unnot serve as its own R ive Florida registration.  dress of the registered a	egistered Agent. You r ) gent are: gency Global Inc. Name Calhoun Street, Sui	ignature: nust designate an individual o	
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an acti	Registered Office, & unnot serve as its own R ive Florida registration.  dress of the registered a Co	egistered Agent. You r ) gent are: gency Global Inc. Name Calhoun Street, Sui	ignature: nust designate an individual o	

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..

Destiny Zelaya

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 FEB -6 AM 10: 22

## ARTICLE IV-

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

$\frac{\text{Title:}}{\text{"AMBR"}} = A$	uthorized Member	Name and Address:	
"MGR" = Ma	nager	5 1 14511	
MGF	<u> </u>	Darrin Willard	
		69 NW Newport Ave., Suit Bend, OR 97703	<u>.e 200                                  </u>
		Bend, OIX 97703	
		<del></del>	
-			
(Use attachme	ent if necessary)		
ARTICLE V: Effective	e date, if other than the date of filin	ng: (O	PTIONAL)
If an effective date is l	isted, the date must be specific a	nd cannot be more than five business da	ys prior to or 90 days after
he date of filing.)	ted in this block does not meet th	a applicable statutory filing requirements	this data will not be listed as
	re date on the Department of Stat	e applicable statutory filing requirements, e's records.	this date will not be listed as
ARTICLE VI: Other pa	ovisions, if any.		
REQUIRED	SIGNATURE:		
		Charles I	
	This document is executed in a l am aware that any false inform	or an authorized representative of a meaccordance with section 605.0203 (1) (b), nation submitted in a document to the Depty as provided for in s.817.155, F.S.	Florida Statutes.
		Darrin Willard	
	Туро	ed or printed name of signee	

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)