

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L24000236988

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000236988 3)))



H240002369883ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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: _____

RECEIVED
2024 JUL 12 PM 1:17
STATE
CORPORATION
DIVISION

FLORIDA LIMITED LIABILITY CO. WHFT 1 & 2, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2024 JUL 12 PM 4:07
MS

H24000236988

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: WHFT 1 & 2, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennie Lagmay
Name of Person

Wendover Housing Partners, LLC
Firm/Company

1105 Kensington Park Drive, Suite 200
Address

Altamonte Springs, FL 32714
City/State and Zip Code

J.lagmay@wendovergroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>Jennie Lagmay</u>	<u>407</u>	<u>333-3233 ext. 210</u>
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
 New Filing Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street Address
 New Filing Section Division
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 2024 JUL 12 PM 4:07

H24000236988

H24000236988

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WHFT 1 & 2, 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:

1105 Kensington Park Drive, Suite 200
Altamonte Springs, Florida 32714

Mailing Address:

1105 Kensington Park Drive, Suite 200
Altamonte Springs, Florida 32714

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:

Rebecca Rhoden

Name

215 E. Eola Dr.

Florida street address (P.O. Box **NOT** acceptable)

Orlando

FL

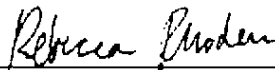
32801

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)

(CONTINUED)

H24000236988

H24000236988

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR _____

Jonathan L. Wolf
1105 Kensington Park Dr., Suite 200
Altamonte Springs, FL 32714

AMBR _____

WHFT Affordable II, Ltd.
1105 Kensington Park Dr., Suite 200
Altamonte Springs, FL 32714

AMBR _____

WHFT Affordable II, Ltd.
1105 Kensington Park Dr., Suite 200
Altamonte Springs, FL 32714

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

Jonathan L. Wolf
Typed 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)