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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043

Phone : (800)342-9856

Fax Number : (800)354-3381

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FLORIDA LIMITED LIABILITY CO.

CW 13 RE LLC

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Electronic Filing Menu Corporate Filing Menu

Help



ARTICLES OF ORGANIZATION FOR FLORIDA UMITED LIABILITY COMPANY

CW 13 RE LLC			
(Mı	ust end with the words "L	mited Liability Company, "L.L C.," or "LLC.")	
ARTICLE II - Address The mailing address and		ipal office of the Limited Liability Company is:	
rincipal Office Address: Mailing Address:			
1341 Place Picardy		1341 Place Picardy	
Winter Park, FL 32789		Winter Park, FL 32789	
ARTICLE III - Registe (The Limited Linbility Co	red Agent, Registered O ompany cannot serve as it with an active Florida regis	ffice, & Registered Agent's Signature: s own Registered Agent. You must designate an in	ndividual or
ARTICLE III - Registe (The Limited Linbility Co another business entity v The name and the Florida	ompany cannot serve as it with an active Florida regis a street address of the regi	ffice, & Registered Agent's Signature: s own Registered Agent. You must designate an instration.)	
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ARTICLE III - Registe (The Limited Linbility Co another business entity v The name and the Florida A	ompany cannot serve as it with an active Florida regis a street address of the regi Michael Carter-Williams 341 Place Picardy	ffice, & Registered Agent's Signature: s own Registered Agent. You must designate an instration.) stered agent are:	A Company

tlaving 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)

Page 1 of 2

Hay MA Danzanz

AMBR" = Authorized Member MGR" = Manager 4GR	Name and Address:
	Michael Carler Williams
	1341 Place Picardy
	Winter Park, Ft. 32789
AGR	Griffin Hoffmann
	220 East 63rd Street, 6A
	New York, NY 10065
	
Use attachment if necessary)	
V: Effective date, if other than the date of fil.	ing: (OPTIONAL)
tive date is listed, the date must be specific	ing: (OPTIONAL) and cannot be more than five business days prior to or 9
Allng.)	•
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VI: Other provisions, if any.	<u>.</u>
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EQUIRED SIGNATURE:	
1/11	
or the	
	or an authorized representative of a member.
Signature of a member	203 (1) (b). Florida Statutes, the execution of this documen
Signiture of a member (In accordance with section 605.0)	the (1) (2) is a second the endeather of this document
(In accordance with section 605.0) constitutes an affirmation under t	the penalties of perjury that the facts stated herein are true.
(In accordance with section 605.0) constitutes an affirmation under the lam aware that any false information.	the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State
(In accordance with section 605.0) constitutes an affirmation under the lam aware that any false information.	the penalties of perjury that the facts stated herein are true. Alion submitted in a document to the Department of State as provided for in s.817.155, F.S.)
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Page 2 of 2

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