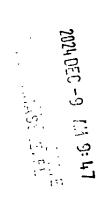
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# **CT CORP**

## (850) 656-4724 3458 lakesore Drive Tallahassee, FL 32312

D	ate:	12/09/2024	- 4: C > W
		Acc#I2016000007	12 4n: ( ) J
Name:	WMGS B	OF Orlando Chancello	or, LLC
Document #:			
Order #:	16020388		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			204 DEC -9 M 9: 47
Apostille/Notarial Certification:		Country of Destination:	
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Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amoun	ot:\$ 155.00	

Thank you!

### COVER LETTER

a	WMGS BOF Orlando Chancello	or, LLC		
SUBJECT	-			
The enclose	ed Articles of Organization and fee	(s) are submitted for filing.		
Please retu	m all correspondence concerning th	nis matter to the following:		
	Anthony Scavo			
		Name of Person		
	c/o Basis Industrial			
		Firm/Company	<del></del>	
	4800 N. Federal Hwy, Suite B200	).		
		Address		202
	Boca Raton, Florida 33431			330 %
	anthony@basisindustrial	City/State and Zip Code		2024 DEG -9
-		used for future annual report notification)	in in	
For further in	nformation concerning this matter,	please call:	in.	្រា ១: ৮7
	Jordan Mandras	914 520.0652 at ( )		-
	Name of Person	Area Code Daytime Telephone Number	-	
Enclosed is	a check for the following amount:			
□\$125.00	Filing Fee		e of Stati Copy	ıs &
	Mailing Address  New Filing Section  Division of Corporations P.O. Box 6327	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Tallahassee, FL 32314

# $ARTICLES \, OF \, OR \, GANIZATION \, FOR \, FLORIDA \, LIMITED \, LIABILITY \, COMPANY$

WMGS BOF Orla	indo Chancellor, LLC_			
	ontain the words "Limited	Liability Company, "I	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	at address of the principal o	office of the Limited L	liability Company is:	
Princ	cipal Office Address:		Mailing Address:	
4800 N. Federal H Boca Raton, Florid			asis Industrial N. Federal Hwy, Suite B200,	2924 DES
Boca Raton, 1 forth	ua 33431		Raton, Florida 33431	
	C T Corporation Sys	Name	<del></del>	14.6. 11. S
		ss (P.O. Box NOT acc	ceptable)	
	Plantat <u>i</u> on	<u>Florida</u>	33324	
	City	State	Zip	
			above stated limited liability cor	npany at the

(CONTINUED)

#### ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager <u>Anthony Scavo, MGR</u>	c/o Basis Industrial 4800 N. Federal Hwy, Suite B200. Boca Raton, Florida 33431
(Use attachment if necessary)	2024 DEC
(If an effective date is listed, the date must be the date of filing.)	ste of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
ARTICLE VI: Other provisions, if any.	
Signature of a This document is exe I am aware that any fa	Scavo  member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
Anthony Scave	o, MGR 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)