

To:

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2025-01-07 16:00:00 EST

407 244 5690

From: Orlando Office Carrie Ramos

# Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

# L25000008282

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To:

Division of Corporations  
Fax Number : (850)617-6381

From: Carrie Ramos, FRP, Paragol PLEASE FAX CONFIRMATION TO 407 244-5690

Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : I20010000078  
Phone : (407)843-8880  
Fax Number : (407)244-5690

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

Email Address: aorosz@hcpland.com

## FLORIDA LIMITED LIABILITY CO.

WJO Park Avenue, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**WJO PARK AVENUE, LLC**

**ARTICLE I - NAME**

The name of this limited liability company is WJO PARK AVENUE, LLC (the "Company").

**ARTICLE II - PRINCIPAL OFFICE**

The mailing address and street address of the principal office of the Company is c/o William S. Orosz, Jr., 605 Commonwealth Avenue, Orlando, Florida 32803.

**ARTICLE III - MANAGEMENT**

The Company will be managed by a manager and is, therefore, a "manager-managed" limited liability company.

**ARTICLE IV - OFFICERS**

The Company reserves the right to designate officers and to assign specific duties to those officers.

**ARTICLE V - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Andrew J. Orosz  
 605 Commonwealth Avenue  
 Orlando, FL 32803

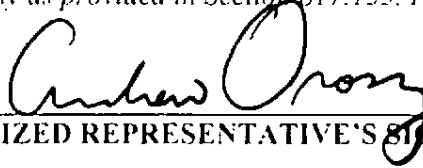
*Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.*

  
 REGISTERED AGENT'S SIGNATURE

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*In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in Section 817.155, Florida Statutes.*



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AUTHORIZED REPRESENTATIVE'S SIGNATURE

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Andrew J. Orosz, Authorized Representative

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Type or printed name of signee

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