L25000035052

**2ND ATTEMPT; SUB. 1/24/25 - PLEASE FILE ASAP.

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

**2ND ATTEMPT; SUB. 1/24/25 - PLEASE FILE ASAP.

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.

(((H25000026516 3)))

H250000265163ABC.

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
2025 JAN 28 PM 3:34

FLORIDA LIMITED LIABILITY CO.
STAFFORD CLASS B, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	$155.00

**2ND ATTEMPT; SUB. 1/24/25 - PLEASE FILE ASAP.

Electronic Filing Menu Corporate Filing Menu Help

Leslie Sellers

From: faxfinder@capitolservices.com
Sent: Friday, January 24, 2025 10:02 AM
To: Leslie Sellers
Subject: FaxFinder Fax Notification: Successfully sent fax to 850-617-6381
Attachments: fax_outbound_850-617-6381_20250124_090159_0000848E-0000.pdf

Create Time: 01/24/2025 08:58:28 AM
Schedule Time: 01/24/2025 09:01:59 AM
State: sent
Schedule Message: Successfully sent fax
Hangup code: 0
Try #: 1
Username: admin
Sender name: Leslie Sellers
Sender email: lsellers@capitolservices.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org: Capitol Services, Inc.
Subject: H25000026516
Max tries: 5
Try interval: 600
Priority: 3
Pages: 6
Recipient fax: 850-617-6381
Recipient phone:
Recipient name:
Recipient org: FL SOS
Use cover page: true
Receipt: always
Print receipt: never
Print receipt printer:
Print receipt first page: false
Fax Page Size: auto

H25000026516

COVER LETTER

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

SUBJECT: Stafford Class B, 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

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

For further information concerning this matter, please call:

Jennie Lagmay at (407) 333-3233 ext. 210
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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Stafford Class B, 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:	**Mailing Address:**
1105 Kensington Park Drive, Suite 200	1105 Kensington Park Drive, Suite 200
Altamonte Springs, Florida 32714	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)

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

Title: "AMBR" = Authorized Member "MGR" = Manager	**Name and Address:**
MGR	Jonathan L. Wolf 1105 Kensington Park Dr., Suite 200 Altamonte Springs, FL 32714
AMBR	Ryan S. von Weller 1105 Kensington Park Dr., Suite 200 Altamonte Springs, FL 32714
AMBR	Kevin M. Kroll 1105 Kensington Park Dr., Suite 200 Altamonte Springs, FL 32714
AMBR	Wendover Share, LLC 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, Manager
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)

H25000026516

EXHIBIT A
TO
ARTICLES OF INCORPORATION
OF
STAFFORD CLASS B, LLC

Title:	**Name and Address:**
AMBR	Jonathan L. Wolf 2023 Irrevocable Grantor Trust 1105 Kensington Park Dr., Suite 200 Altamonte Springs, FL 32714