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**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.

(((H250000265163)))



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
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Electronic Filing Menu

Corporate Filing Menu

Help

2025 JAN 28 PM 7:59

Leslie Sellers

From: faxfinder@capitol-services.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@capitol-services.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

407

333-3233 ext. 210

at ()

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, L.L.C.

(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

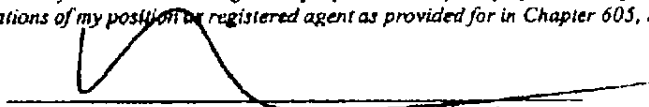
215 E. Eola Dr.Florida street address (P.O. Box **NOT** acceptable)OrlandoFL32801

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)

2025 JAN 28 PM 7:58

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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

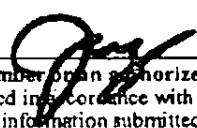
Name and Address:MGRJonathan L. Wolf
1105 Kensington Park Dr., Suite 200
Altamonte Springs, FL 32714AMBRRyan S. von Weller
1105 Kensington Park Dr., Suite 200
Altamonte Springs, FL 32714AMBRKevin M. Kroll
1105 Kensington Park Dr., Suite 200
Altamonte Springs, FL 32714AMBRWendover Share, LLC
1105 Kensington 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 signer

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)

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

Title:

AMBR

Name and Address:

Jonathan L. Wolf 2023 Irrevocable Grantor Trust
1105 Kensington Park Dr., Suite 200
Altamonte Springs, FL 32714

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