

**L2500002651635052**

\*\*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

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2025 JAN 28 PM 7:59

## Leslie Sellers

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**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)

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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

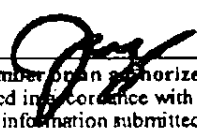
"MGR" = Manager

**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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