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Florida Department of State

Division of Corporations

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DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

woodridge at carrollwood, llc

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**ARTICLES OF ORGANIZATION**

**FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name of Limited Liability Company:

**WOODRIDGE AT CARROLLWOOD, LLC**

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

Address: **7880 WEST 20<sup>TH</sup> AVENUE #28**

City, State & Zip: **HIALEAH, FL 33016**

ARTICLE III - Registered Agents Name, Office Address, & Registered Agents Signature:

Name

**MR. JUAN O. MUNOZ**

Address (P.O. Box NOT Acceptable)

**7880 WEST 20<sup>TH</sup> AVENUE #28**

City, State, Zip

**HIALEAH, FL 33016**

*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 608, F.S..*

  
Mr. Juan O. Munoz

Registered Agent's Signature

Date 01/10/2006

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. Specify name & address(es)

1. **MR. JUAN O. MUNOZ, 7880 WEST 20<sup>TH</sup> AVENUE, #28, HIALEAH, FL 33016**

  
JUAN O. MUNOZ

Signature of a member or an authorized representative of a member. In accordance with section 608.408 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

**MR. JUAN O. MUNOZ**

Typed or printed name of signee

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