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(Re	equestor's Name)	
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SECRETARY OF STATE

S. Al

COVER LETTER

TO: Registration Division of	Section Corporations			
SUBJECT:	WOODCREST BROTH			
	(Name of Limite	d Liability Company)		
The enclosed Articles	s of Organization and fee(s) are s	submitted for filing.		
Please return all corre	espondence concerning this matte	er to the following:		
	Martin B. Goldb	erg, Esq. Name of Person)		
	Lash & Goldberg	LLC		
		(Firm/Company)		
	100 S.E. 2 St.,	Suite 1200		
		(Address)		
	Miami, Florida	33131		
	(City	//State and Zip Code)		
For further informati	on concerning this matter, please	call:		
	se Sosa	at (305) 347-404		
(Na	ame of Person)	(Area Code & Daytime T	relephone Number)	
Enclosed is a check	for the following amount:		7 NA CREI CARD	Ciracyan
□ \$125.00 Filing Fe	ee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}\$	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, \(\Omega\) Certificate of Status & Certified Copy is enclosed (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Woodcrest Brothers LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
2671 Meadowood Court	2671 Meadowood Court
Weston, FL 33332	Weston, FL 33332

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:

Marakia D. Galilbana Harr

Martin B. Goldberg, Esq.
Name
2671 Meadowood Court
Florida street address (P.O. Box NOT acceptable)
Weston, FL 33332 FL
City, State, and 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 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	Martin B. Goldberg 2671 Meadowood Court
	Weston, FL 33332
MGR	Larry Goldberg
	425 North Andrews Ave Loft
	Ft. Lauderdale, FL 33301
Use attachment if necessary)	
-	
EV: Effective date, if other than	n the date of filing: (OPTION

REQUIRED SIGNATURE:

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.)

Martin B. Goldberg

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)

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SECRETARY OF STATE.