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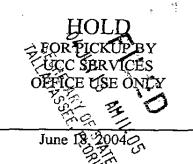
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Tallahassee, Florida 32301
(850) 681-6528



CORPORATION NAME (S) AND DOCUMENT NUMBER (S)

U	ALEKE E E E E E E E E E E E E E E E E E E	Shoppes FLA, LLC
	Filing Evidence □ Plain/Confirmation Copy	 Type of Document □ Certificate of Status
	⊠ Certified Copy	☐ Certificate of Good Standing
		□ Articles Only
	Retrieval Request Photocopy Certified Copy	 □ All Charter Documents to Include Articles & Amendments □ Fictitious Name Certificate □ Other
	NEW FILINGS	AMENDMENTS
	Profit	Amendment
	Non Profit	Resignation of RA Officer/Director
X	Limited Liability	Change of Registered Agent
	Domestication	Dissolution/Withdrawal
	Other	Merger
	OTHER FILINGS	REGISTRATION/QUALIFICATION
	Annual Reports	Foreign
<u></u>	Fictitious Name	Limited Liability
	Name Reservation	Reinstatement
	Reinstatement	Trademark
		Other

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY

ARTICLE I – Name:

The name of the Limited Liability Company is:

WESTVIEW SHOPPES FLA, 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:

11555 Heron Blvd., Suite 200 Coral Springs, Florida 33076 11555 Heron Blvd., Suite 200 Coral Springs, Florida 33076 OMPANY Section

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Craig Tulepan 11555 Heron Blvd., Suite 200 Coral Springs, Florida 33076

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 toffice 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

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Bob Roberts 4 East 80 th Street New York, New York 10021

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Craig Tulepan, Organizer

(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.)

Filing Fees: \$100.00 Filing Fee for Articles of Organization \$25.00 Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)