

L05000040363

Florida Department of State
Division of Corporations
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From: Account Name : EAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 715-0346

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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

WOODGATE II, LLC

Certificate of Status	0
Certified Copy	1
Page Count	023
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WOODGATE II, LLC

ARTICLE II - Address:

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

Principal Office Address:

6821 SW 128 PL
MIAMI, FL 33183

Mailing Address:

14474 SW 57 TERR
MIAMI, FL 33183

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

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

BETTY SANCHEZ-AGRAMONTE

Name

14474 SW 57 TERR

Florida street address (P.O. Box **NOT** acceptable)

MIAMI, FL 33183

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

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(CONTINUED)

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

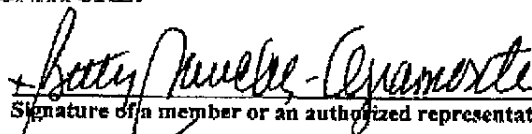
Name and Address:

<u>MGRM</u>	<u>BETTY SANCHEZ-AGRAMONTE</u>
	<u>14474 SW 57 TERR</u>
	<u>MIAMI, FL 33183</u>
<u>MEMBER</u>	<u>ARMANDO SANCHEZ-AGRAMONTE</u>
	<u>14474 SW 57 TERR</u>
	<u>MIAMI, FL 33183</u>

(Use attachment if necessary)

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

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.)
BETTY SANCHEZ-AGRAMONTE
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)

STATE OF FLORIDA
INTERNAL SECURITY

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