

SEP-09-09 11:36 AM FROM AKERMAN, SENTERFITT & RYDSON, P.A.

305-374-5095

SEP-09-09 11:36 AM P.01

050000 89397

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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.

((H05000215452 3)))

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) 205-0383

From:

Mary P. Truitt, Legal Counsel
Account Name : AKERMAN, SENTERFITT & RYDSON, P.A.
Account Number : 075471001363
Phone : (305) 374-5600
Fax Number : (305) 374-5095

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 SEP -9 AM 10:28

FILED

RECEIVED

05 SEP -9 PM 3:30

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

WEST PHILLIPS CENTER, LC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Public Access Help

(H05000215452)

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is: **WEST PHILLIPS CENTER, LC**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: **9501 S.W. 61 Court, Miami, Florida 33156**

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

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

**American Services Information, Inc.
One S.E. Third Avenue, 28th Floor
Miami, Florida 33131**

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 property 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.

American Information Services, Inc.
By: Mary C. Guey, Asst. Sec.
Registered Agent's Signature

H. H. Reath
Signature of a member or an authorized representative of a member.

(In accordance with Section 608.408(a), Florida Statutes, the execution of the document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Henry H. Reath
Typed or printed name of signee

05 SEP -9 AM 10:28
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

(H05000215452)

(M2305884,1)