

L05000103436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

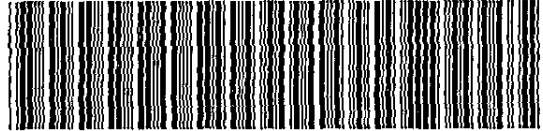
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

SK

Office Use Only



400060519614

10/21/05--01001--004 **155.00

FILED

05 OCT 20 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

OCT 1 20 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Maaz Woolbright Center, LLC

FILED
05 OCT 20 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

Courier

**ARTICLES OF ORGANIZATION
OF
MAOZ WOOLBRIGHT CENTER, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

FILED
05 OCT 20 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

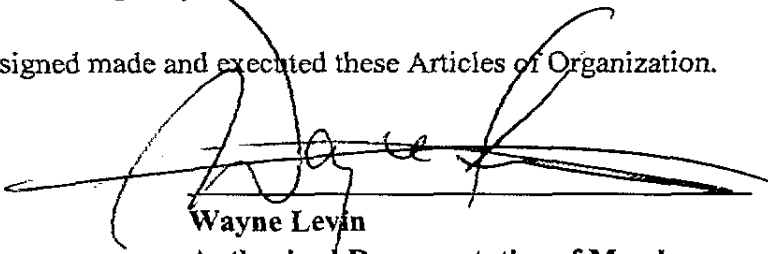
1. **Name.** The name of the limited liability company is **MAOZ WOOLBRIGHT CENTER, LLC.**
2. **Address of Principal Office.** The mailing address and the street address of the principal office of the limited liability company is 767 South State Road 7, Suite 113, Margate, FL 33068.
3. **Purpose.** The purpose for which the limited liability company is organized is any and all lawful business.
4. **Registered Agent and Registered Office.** The name and street address of the registered agent are Wayne Levin, 767 South State Road 7, Suite 113, Margate, FL 33068.

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.


**Wayne Levin
Registered Agent**

5. **Management.** The LLC is to be managed by its members.

IN WITNESS WHEREOF, the undersigned made and executed these Articles of Organization.


**Wayne Levin
Authorized Representative of Members**

Dated: October 14, 2005