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C06000091955301

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 2006 APR - 7 AM 11:25

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**WOODED BRIDGE PARTNERS, LLC**

**RECEIVED**

06 APR - 7 PM 1:12

DIVISION OF CORPORATIONS

Certificate of Status	0
Certified Copy	1
Page Count	01 2
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April 7, 2006

FLORIDA DEPARTMENT OF STATE  
Division of CorporationsWOODED BRIDGE PARTNERS, LLC  
1951 N.W. 19TH STREET, SUITE 200  
BOCA RATON, FL 33431SUBJECT: WOODED BRIDGE PARTNERS, LLC  
REF: L060000343012006 APR -7 AM 11:25  
T H L B  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please attach a copy of Articles of Organization to complete your filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Document SpecialistFAX Aud. #: H06000091955  
Letter Number: 906A00023616

P.O. BOX 6327 - Tallahassee, Florida 32314

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
Wooded Bridge Partners, LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Name of company was misspelled. Article I of the Articles of

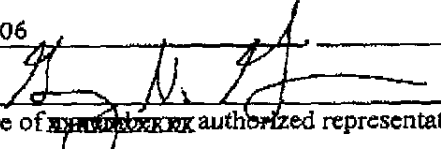
Organization should read as attached.

**OR**

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: April 6, 2006

  
Signature of ~~authorized~~ authorized representative of a member

Gary N. Gerson

Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

CR2E062 (08/05)

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**ARTICLE I**  
**NAME**

The name of this Limited Liability Company is:

Wooden Bridge Partners, LLC

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APR-07-2006 12:34

# State of Florida



## Department of State

I certify the attached is a true and correct copy of the Articles of Organization of WOODED BRIDGE PARTNERS, LLC, a limited liability company organized under the laws of the state of Florida, filed on March 31, 2006, as shown by the records of this office.

I further certify the document was electronically received under FAX audit number H06000086100. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L06000034301.

Authentication Code: 806A00022224-040306-L06000034301-1/1

2006 APR -7 AM 11:25

DIVISION OF CORPORATION

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
Third day of April, 2006



Sue M. Cobb  
Sue M. Cobb  
Secretary of State

**ARTICLES OF ORGANIZATION  
OF  
WOODED BRIDGE PARTNERS, LLC**

I, the undersigned authorized representative of the Members, hereby make, acknowledge and file these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

**ARTICLE I  
NAME**

The name of this Limited Liability Company is:

Wooded Bridge Partners, LLC

**ARTICLE II  
ADDRESS**

The street address and mailing address of the principal office is:

1951 N.W. 19th Street  
Suite 200  
Boca Raton, FL 33431

**ARTICLE III  
DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV  
MANAGEMENT**


The powers of the Limited Liability Company shall be exercised by or under the authority of, and the business and affairs of the Limited Liability Company shall be managed under the direction of its Manager and is, therefore, a manager-managed company.

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**ARTICLE V**  
**ADMISSION OF ADDITIONAL MEMBERS**

The Members shall have the right to admit additional members.

IN WITNESS WHEREOF, the undersigned authorized representative of the Members has made and subscribed these Articles of Organization at West Palm Beach, Florida, for the uses and purposes aforesaid, this 29th day of March, 2006.

  
\_\_\_\_\_  
Gary N. Gerson, Authorized Representative of the  
Members

F H E L J  
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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

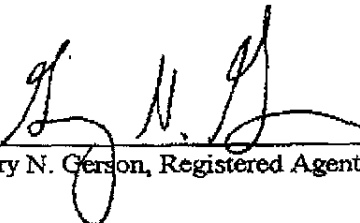
1. The name of the Limited Liability Company is:

Wooded Bridge Partners, LLC

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

Gary N. Gerson  
1645 Palm Beach Lakes Blvd.  
Suite 1200  
West Palm Beach, Florida 33401

*Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.*

  
\_\_\_\_\_  
Gary N. Gerson, Registered Agent

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