

L06000045390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

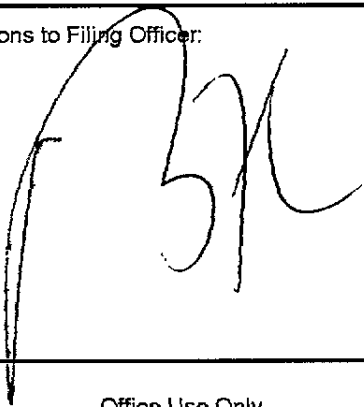
PICK-UP WAIT MAIL

(Business Entity Name)

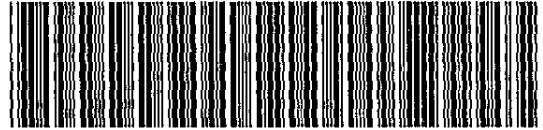
(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2006 MAY -2 PM 4: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
06 MAY -2 PM 12: 49
DIVISION OF CORPORATION



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 077614 4305390

AUTHORIZATION

Liquidation

COST LIMIT : \$ 125.00

FILED
2006 MAY -2 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : May 2, 2006

ORDER TIME : 12:16 PM

ORDER NO. : 077614-005

CUSTOMER NO: 4305390

DOMESTIC FILING

NAME: GATOR WESTFIELD, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2008 MAY -2 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

GATOR WESTFIELD, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1595 NE 163RD STREET
N. MIAMI BEACH, FL 33162

1595 NE 163RD STREET
N. MIAMI BEACH, FL 33162

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

MR. JAMES A. GOLDSMITH

Name

1595 NE 163RD STREET

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

N. MIAMI BEACH FL 33162

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.

JAMES A. GOLDSMITH

By:

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

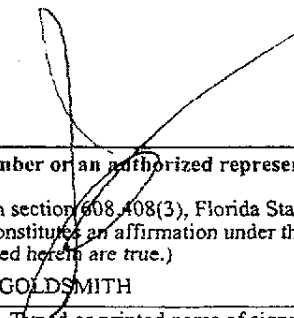
Name and Address:

MGRM	JAMES A. GOLDSMITH 1595 NE 163RD STREET N. MIAMI BEACH, FL 33162

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)
BY: JAMES A. GOLDSMITH

Typed or printed name of signee

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)