Division of Corporations

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Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : DAVID J. WIENER, P.A.

Account Number : 120040000023 Phone : (561)366-9144 : (561)366-9145 Fax Number

WMD West Kendall LLC		
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TRANSMITTAL LETTER

TO:	Registration So Corporations	xtion Division of				
SUBJ	IECT: WMD V	Vest Kendail LLC				
	~ 	(Name o	of Limited Liability Company) .		_
The er	nclosed Articles o	f Organization and l'acts) ate sul	omitted for filing. Please return			
all con	respondence conce	erning this matter to the following				
			ł J. Wiener, Esq.			
		(N ₂	ime of Person)	Ã	S	
			J. Wiener, P.A.		5	52 (T. 14)
	 .	(Fi	rm/Company)	=======================================	SECKE !	- 1
		3200 North	Military Trail, 4th Floor	SSI	いる	-
			(Address)	m	≺ ⊖ 2 >=	Sactions 2
		Boca	Raton, FL 33431	77	의 조	
			tate and Zip Code)	OR	9: 33 STATE	
				ĬŨA	33	
For fu	rther information	n concerning this matter, pleas	e call:	_		
	Јонппе М. Ѕа	rkisian at (_	561) 989-2911			
Enclo	sed is a check fo	r the following amount:				
⊠ \$1	125 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155 Filing Fee & Certified Copy (additional copy is enclosed)	S160 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclose		
		EET ADDRESS:	MAILING ADDRES Registration Section	SS:		

Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Division of Corporations PO Box 6327 Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
WMD West Kendall LLC		
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company	r is:
Principal Office Address: 3200 North Military Trail	Mailing Address: 3200 North Military Trail	
4 th Floor	4 th Floor	
Boca Raton, Florida 3343 I	Boca Raton, Florida 33431	
3200 N Florida street a	David J. Wiener, Esq. Name forth Military Trail, 4 th Floor address (P.O. Box NOT acceptable) ca Raton, Florida 33431	12 AM 9: 3
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position	City, State, and Zip and to accept service of process for the above ated in this vertificate, I hereby accept the appearancety. I further agree to comply with the propelete performance of my duties, and I am family as registered agent as provided for in Chapter	ointment as covisions of all liar with and
Reg	istered Agent's Signature	

(CONTINUED)

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ARTICLE IV - Management:

The Limited Liability Company is to be managed by one or more members and is, therefore, a member-managed company.

REQUIRED SIGNATURE:

Signature of a member or un nuthorized representative of a member.

(In accordance with section 608.408(3), Florida Statues, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Larry Bernick Authorized Representative
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)

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