Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

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

Account Number : T20040000023

Phone : (561)989-2911 Fax Number : (561)994-5808 OB NOV -8 A 11: 01
SECRETARY OF STATE

Entropy with a

FLORIDA/FOREIGN LIMITED LIABILITY CO.

RECEIVED 6 NOV -8 AMII: 16 (15:10H OF CORPORATIO)

Woolbright Roosevelt Member LLC

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TRANSMITTAL LETTER

TO: Registration Section : Corporations	Division of			
SUBJECT: Woolbright I	Roosevelt Member LLC			
		Limited Liability Company)	 	
The enclosed Articles of Orga	mization and Facts are subtr	nitted for filing. Please return all o	лисярива́спее совсев	minu this
matter to the following.		-	•	• ***
	M /W	e M. Sarkisian		
	(Nar	ne of Person)		
	David J. Wiener, P.A.			200
	(l'in	m/Company)	—————————————————————————————————————	TO NOW THE
	3200 North M	filitary Trail, 4th Floor	IAS A	FILED
	~ (Address)		8
	Boca R	aton, FL 33431	<u> </u>	> ===
	(City/Sta	te and Zip Code)	To To	⊘
			RATE	0 1.
For further information cone	eming this matter, please	call:	>	. —
Joanne M. Sarkisja	n	nt (561) 989	-2911	
Enclosed is a check for the fe	ollowing amount:			
■ \$125 Filing Foe	\$130.00 Filing Fee & Certificate of Status	S155 Filling Fee & Certified Copy (additional copy is enclosed)	S160 Filing Fee Certificate of Status & Certified Copy (additional copy is enclu-	•
Registratio	f Corporations	MAILING ADDRESS Registration Section Division of Corporation PO Box 6327		

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Woolbright Roosevelt Mer	mber LLC
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address: 32(X) North Military Trail	Mailing Address:
4 th Floor	4th Floor
Boça Raton, Fl. 33431	Buca Raton, FL 33431
	pistered Office, & Registered Agent's Signatures the registered agent are: David I. Wiener Name O North Military Trail, 4th Floor Set address (P.O. Box NOT acceptable) Boca Raton, FL 33431
	City, State, and Zip
liability compuny at the place des registered agent and agree to act in stututes relating to the proper and accept the obligations of my post	gent and to accept service of process for the above stated limite signated in this certificate, I hereby accept the appointment as this capacity. I further agree to comply with the provisions of a complete performance of my duties, and I am familiar with and tion as registered agent as provided for in Chapter 608, F.S. Registered Agent's Signature

(CONTINUED)

Page 1 of 2

Title:

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ARTICLE IV -	- Manager(s) or M	lanaging	Mem	ber(s):
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The name and address of each Manager or Managing Member is as follows:

MGRM	Woolbright Holdings LLC	
	3200 North Military Trail, 4th Floor	-
	Boca Raton, Florida 33431	لصد
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Use attachment if necessary) OTE: An additional article must b	oe added if an effective date is requested.	
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OTE: An additional article must b EQUIRED SIGNATURE: Signature of a n	acmber of an authorized representative of a mer	
OTE: An additional article must be EQUIRED SIGNATURE: Signature of a mean (In accordance)	My.	ition

Name and Address:

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)