

Division of Corporations

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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)205-0383

## From:

Account Name : DAVID J. WIENER, P.A.  
Account Number : I20040000023  
Phone : (561)989-2911  
Fax Number : (561)994-5808

40670066577

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## Woolbright Southport Holdings LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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**TRANSMITTAL LETTER**

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**TO:** Registration Section Division of  
Corporations

**SUBJECT:** Woolbright Southport Holdings LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and Facts are submitted for filing. Please return all correspondence concerning this matter to the following.

Joanne M. Sarkisian  
(Name of Person)

David J. Wiener, P.A.  
(Firm/Company)

3200 North Military Trail, 4<sup>th</sup> Floor  
(Address)

Boca Raton, FL 33431  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joanne M. Sarkisian at ( 561 ) 989-2911

Enclosed is a check for the following amount:

- |  |   |  |  |
|--|---|--|--|
| <input checked="" type="checkbox"/> \$125 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160 Filing Fee,<br>Certificate of Status<br>& Certified Copy<br>(additional copy is enclosed) |
|--|---|--|--|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
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:

Woolbright Southport Holdings LLC**ARTICLE II – Address:**

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

**Principal Office Address:**3200 North Military Trail4<sup>th</sup> FloorBoca Raton, FL 33431**Mailing Address:**3200 North Military Trail4<sup>th</sup> FloorBoca Raton, FL 33431**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

David J. Wiener

Name

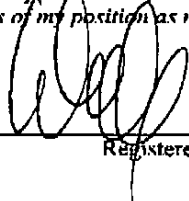
3200 North Military Trail, 4<sup>th</sup> Floor

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

Boca Raton, FL 33431

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.*


  
 Registered Agent's Signature

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**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

Duane J. Stiller

3200 North Military Trail, 4<sup>th</sup> Floor  
Boca Raton, FL 33431

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**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.)

David J. Wiener, Authorized Rep.

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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