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## TRANSMITTAL LETTER

TO: Registration Section Division of

Corp	orations				
SUBJECT:	Woolbr	ight Hillsboro Square Memb	er LLC		
		<u> </u>	f Limited Liability Company)		<u> </u>
The enclosed	Articles of	Organization and Facts are subr	nitted for filing. Please return a	Il correspondence co	ncerning this
matter to the fo	ollowing.				
			ne M. Sarkisian		ger = vers
		(Na	me of Person)		
David J. Wiener, P.A.					OF SWA
(Firm/Company)				CB SE	
			Military Trail, 4th Floor	*	20 %
			(Address)		
	Boca Raton, FL 33431				
		(City/St	ate and Zip Code)		FEB 20 AM 10: 33
For further in	ıformatio	concerning this matter, please	call:		-
Joan	nne M. Sa	rkisian	at ( <u>561</u> ) 9	89-2911	
Enclosed is a	check fo	r the following amount:			
⊠ \$125 Fili	ng Fee	\$130.00 Filing Fee & Certificate of Status	S155 Filing Fee & Certified Copy (additional copy is enclosed)	S160 Filing Certificate of S & Certified Co (additional copy is	tatus ppy
	Regi Divi 409	EET ADDRESS: stration Section sion of Corporations E. Gaines Street ahassee, Florida 32399	MAILING ADDRE Registration Section Division of Corporati PO Box 6327 Tallahassee, Florida 3	ons	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name: The name of the Limited Liability Company is:		
Woolbright Hillsboro Square Me	ember LLC	
ARTICLE II – Address: The mailing address and street address of the princ	cipal office of the Limited Liability Company is:	. ingeneral services and services are services and services are services are services and services are servic
Principal Office Address: 3200 North Military Trail	Mailing Address:  3200 North Military Trail	_
4 <sup>th</sup> Floor	4 <sup>th</sup> Floor	
Boça Raton, Florida 33431	Boca Raton, Florida 33431	_
3200 Nor	vid J. Wiener, Esq. Name	SECRETARY OF USION OF CORPO
Boo		OF STATE RPORATIONS
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this cast statutes relating to the proper and complacept the obligations of my position a	Sity, State, and Zip  Ind to accept service of process for the above stated limite  ed in this certificate, I hereby accept the appointment as  upacity. I further agree to comply with the provisions of  lete performance of my duties, and I am familiar with and  s registered agent as provided for in Chapter 608, F.S.	all
Regist	ered Agent's Signature	•

(CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:								
MGRM		Woolbright Holdings LLC							
		3200 North Military Trail, 4th Floor Boca Raton, FL 33431				oor			
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(Use attachment if necessary)									
NOTE: An additional article m	ust be add	led if a	a effect	ive dat	te is req	uested	l <b>.</b>		
REQUIRED SIGNATURE:	<	M	K						
Signature o	of a member	er or ar	autho	rized 1	epreser	itative	of a m	ember.	_
(In accord of this docu	ance with s ment const that	titutes a	n affirn	nation	orida St under th n are tru	e penal	the exec Ities of	cution perjury	

DIVISION OF CORPORATIO

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)

Larry Bernick, Authorized Representative
Typed or printed name of signee