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TRANSMITTAL LETTER

TO: Registration Section Division of
Corporations

SUBJECT: Woolbright Cove Center Member 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, 4th Floor

(Address)

Boca Raton, FL 33431

(City/State and Zip Code)

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2662 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

Woolbright Cove Center Member 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 Trail

4th Floor

Boca Raton, Florida 33431

Mailing Address:

3200 North Military Trail

4th Floor

Boca Raton, Florida 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, Esq.

Name

3200 North Military Trail, 4th 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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(CONTINUED)

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

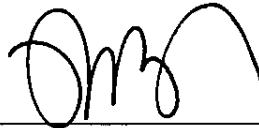
Name and Address:

MGRM	Woolbright Holdings LLC
	3200 North Military Trail, 4 th 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.)

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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