

L07000048179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

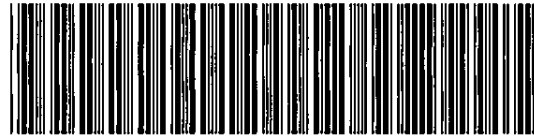
Special Instructions to Filing Officer:

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2007 MAY -7 PM 1:06

NOT RECORDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

Office Use Only



700096638437

FILED  
07 MAY -7 PM 5:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 885533 4379307

AUTHORIZATION :

COST LIMIT : \$130.00

FILED  
07 MAY - 7 PM 5:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : May 7, 2007

ORDER TIME : 12:03 PM

ORDER NO. : 885533-010

CUSTOMER NO: 4379307

DOMESTIC FILING

NAME: WLR NORTHAMPTON A, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

WLR NORTHAMPTON A, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

16395 Mirasol Way

Delray Beach, FL 33446

**Mailing Address:**

16395 Mirasol Way

Delray Beach, FL 33446

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Walter Rubin

Name

16395 Mirasol Way

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

Delray Beach

FL 33446

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..*

15/ WALTER RUBIN

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
MAY - 7 PM 5:02  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

**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:**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

15/ WALTER RUBIN

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.)

WALTER RUBIN

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)**