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SECRETARY CORFORATIONS

TRANSMITTAL LETTER

TO:

Registration Section Division of

****	(Name	of Limited Liability Company)	
The enclosed Artic	les of Organization and Facts are sul	omitted for filing. Please return al	I correspondence concerning this
natter to the follow	ing.		
	Joan	nne M. Şarkisian	·
-	(N	ame of Person)	0
		d J. Wiener, P.A.	OT HAY -1
	(F	irm/Company)	支管
	3200 North	Military Trail, 4th Floor	1 52F
-		(Address)	p Ser
	Boca	Raton, FL 33431	3. A. S.
·	(City/S	State and Zip Code)	PH 3: 02
For further inform	nation concerning this matter, pleas	se call:	
Joanne N	1. Sarkisian	at (561) 9	89-2911
Enclosed is a chec	ck for the following amount:		
X \$125 Filing F	ee S130.00 Filing Fee & Certificate of Status	S155 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	STREET ADDRESS: Registration Section	MAILING ADDRES Registration Section	SS:

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

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	ı.
Woolbright Holdings II LLC	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address: 3200 North Military Trail	Mailing Address: -3200 North Military Trail
4 th Floor	4 th Floor
Boca Raton, Florida 33431	Boca Raton, Florida 33431
The name and the Florida street address of the	David J. Wiener, Esq.
	Name 255
	North Military Trail, 4th Floor
Florida street	address (P.O. Box NOT acceptable)
	Boca Raton, FL 33431
	City, State, and Zip
liability company at the place design registered agent and agree to act in thi statutes relating to the proper afid coi	nt and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as s capacity. I further agree to comply with the provisions of all mplete performance of my duties, and I am familiar with and on as registered agent as provided for in Chapter 608, F.S.

(CONTINUED)

Registered Agent's Signature

ARTICLE IV - Manager(s) or Ma The name and address of each Manager	anaging Member(s): or Managing Member is as follows:		
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	Duane J. Stiller		
	3200 North Military Trail, 4th Floor Boca Raton, FL 33431	•	in en
		.241	4 (2) (2) (2) 2 (3) (4) (4) 3 (4) (4) (4) (4) (4) (4) (4)
		v to see for	OT MAY -7
(Use attachment if necessary)		: , -	PM 3: 02
NOTE: An additional article must be REQUIRED SIGNATURE:	e added if an effective date is requested.		
(In accordance v	with section 608.408(3), Florida Statues, the executivities an affirmation under the penalties of that the facts stated herein are true.)	ution	
	Duane J. Stiller		
	Typed or printed name of signee		- 7 3

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)