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SECRETARY OF STATE

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations SUBJECT: WOOLBRIGHT DORAL GATEWAY 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) For further information concerning this matter, please call: Joanne M. Sarkisian Enclosed is a check for the following amount: □ \$155 Filing Fee & ☐ \$160 Filing Fee. \$125 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy & Certified Copy (additional copy is enclosed) (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

07 MAY 24 AM IO: 00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name: The name of the Limited Liability Company is	is:
Woolbright Doral Gateway	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	Mailing Address: 3200 North Military Trail
4 th Floor	4 th Floor
Boca Raton, Florida 33431	Boca Raton, Florida 33431
	David J. Wiener, Esq. Name
3200	North Military Trail, 4 th Floor
	et address (P.O. Box NOT acceptable)
	Boca Raton, FL 33431
	City, State, and Zip
liability company at the place desi registered agent and agree to act in the statutes relating to the proper and c accept the obligations of my posit	ent and to accept service of process for the above stated limited ignated in this certificate, I hereby accept the appointment as his capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and ion at registered agent as provided for in Chapter 608, F.S.

(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	Name and Address:
"MGRM" = Managing Member	
MGRM	Woolbright Holdings II LLC
	3200 North Military Trail, 4th Floor
	Boca Raton, FL 33431
	····
(Use attachment if necessary)	
NOTE: An additional article must be	be added if an effective date is requested.
NOTE. An additional article must i	oe added it all effective date is requested.
REQUIRED SIGNATURE:	m /
Signature of a n	nember or an authorized representative of a member.
(In accordance	with section 608.408(3), Florida Statues, the execution
	t constitutes an affirmation under the penalties of perjury
	that the facts stated herein are true.)

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