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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#### TRANSMITTAL LETTER

то:	Registration Corporation	Section Division of as		
SUBJ	IECT: <u>Wo</u>	OLBRIGHT HIALEAH PROM		
		(Name	of Limited Liability Company)	1
The en	nclosed Article	s of Organization and Facts are sub	omitted for filing. Please return al	ll correspondence concerning this
matter	to the followin	g.		
	•			
		Joan	nne M. Sarkisian	
	_	(N	ame of Person)	
		Davi	id J. Wiener, P.A.	
		(F	Firm/Company)	
	<del></del>	3200 North	Military Trail, 4th Floor	
			(Address)	
	_		Raton, FL 33431	
		(City/S	State and Zip Code)	
For fu	urther informa	tion concerning this matter, please	se call:	
	Joanne M.	Sarkisian	at ( <u>561</u> )9	89-2911
Enclo	sed is a check	for the following amount:		
⊠ \$	125 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155 Filing Fee & Certified Copy (additional copy is enclosed)	\$160 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	R D C	TREET ADDRESS: egistration Section division of Corporations difton Building	MAILING ADDRES Registration Section Division of Corporati PO Box 6327 Tallahassas, Florida 3	ons

Tallahassee, Florida 32301

## FILED

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

ARTICLE I – Name: The name of the Limited Liability Company is:		
Woolbright Hialeah Promenade LLC		
ARTICLE II – Address: The mailing address and street address of the principal of	ffice of the Limited Liability Company is:	
Principal Office Address: 3200 North Military Trail	Mailing Address: 3200 North Military Trail	
4 <sup>th</sup> Floor	4 <sup>th</sup> Floor	
Boca Raton, Florida 33431	Boca Raton, Florida 33431	
3200 North Mil	Wiener, Esq. Name itary Trail, 4th Floor P.O. Box NOT acceptable)	
41	on, FL 33431	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regi	ate, and Zip accept service of process for the above stated limited this certificate, I hereby accept the appointment as a. I further agree to comply with the provisions of all afformance of my duties, and I am familiar with and astered 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 "MGRM" = Managing Member	Name and Address:	
MGRM	Woolbright Hialeah Promenade Member LLC	
	3200 North Military Trail, 4th Floor	
	Boca Raton, FL 33431	
	<del> </del>	
		70 0
		PILED 7 MAY 24 AM 10: 01 ECRE LANG UT STATE ALLAHASSEE, FLORIC
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(Use attachment if necessary)		HIGH TO C
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NOTE: An additional article must be	added if an effective date is requested.	MAY 24 AM 10: 01  CRETARY OF STATE  LAHASSEE, FLORIDA
	$\wedge$	<b>多州</b>
REQUIRED SIGNATURE:	My >	P
Signature of a mo	ember or an authorized representative of a member.	
(In accordance v	vith section 608.408(3), Florida Statues, the execution constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
La	arry Bernick, Authorized Representative	

#### 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)

Typed or printed name of signee