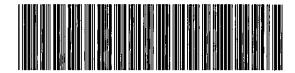
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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SECRE LASCEP FLORIDA



TRANSMITTAL LETTER

то:	Registration Sec Corporations	ction Division of		
SUBJ	IECT: WOOLI	BRIGHT HIALEAH GATE	WAY MEMBER LLC	
		(Name o	of Limited Liability Company)	
The e	nclosed Articles of	Organization and Facts are sub-	mitted for filing. Please return al	I correspondence concerning this
matter	to the following.			
			ne M. Sarkisian	
		(Na	ime of Person)	
			I J. Wiener, P.A.	
		(Fi	rm/Company)	
		3200 North	Military Trail, 4 th Floor	
			(Address)	
			Raton, FL 33431	
		(City/Si	tate and Zip Code)	
<u>For fu</u>	urther information	concerning this matter, please	e call:	
	Joanne M. Sar	kisian	at (<u>561</u>) <u>98</u>	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 Fce. Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divis Clifto	EET ADDRESS: stration Section sion of Corporations on Building Executive Center Circle	MAILING ADDRES Registration Section Division of Corporation PO Box 6327 Tallahassee, Florida 3	ons

Tallahassee, Florida 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:		
The name of the Limited Liability Company is:		
Woolbright Hialeah Gateway Memb	er 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	
3200 North M Florida street address Boca R	J. Wiener, Esq. Name Military Trail, 4 th Floor s (P.O. Box NOT acceptable)	FILED 07 MAY 24 AH 10: 06 SECKLIÁNI UT STATE ANT AHASSEE, FLORIDA
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete paccept the obligations of my position as re	this certificate, I hereby accept the appointnity. I further agree to comply with the provis	nent as tions of all with and

(CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	Woolbright Holdings II LLC		
	3200 North Military Trail, 4 th Floor		
	Boca Raton, FL 33431		
•			
/TT			
(Use attachment if necessary)		-100 O	
NOTE: An additional article must	be added if an effective date is requested.	ALL PEG	
REQUIRED SIGNATURE:	DM	7 MAY 24 AH 10: 06 SECRETARY OF STATE ALLAHASSEE, FLORID	FII ED
Signature of a r	nember or an authorized representative of a member.	— FLO	
	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.)	O6 RIDA	

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