

Division of Corporations

Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELSON
Account Number : 075350000132
Phone : (305) 374-7580
Fax Number : (305) 351-2122

Attn: Lorraine Landau

27122

**Enter the email address for this business entity to be used for your annual report mailings. Enter only one email address please.

Email Address: ken.carlson@westdale.com

FLORIDA/FOREIGN LIMITED LIABILITY CO.
WESTDALE APOGEE LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

D. BRUCE

JAN 13 2010

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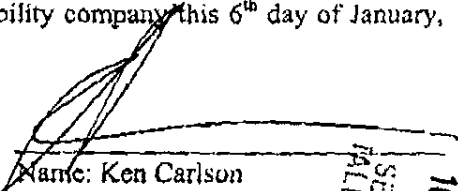
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ARTICLES OF ORGANIZATION
OF
WESTDALE APOGEE LLC

1. The name of the limited liability company is WESTDALE APOGEE LLC.
2. The mailing address and the street address of the principal office of the limited liability company are c/o Westdale Properties, 3300 Commerce Street, Dallas, TX 75226, Attention: Ken Carlson.
3. The name and street address of the initial registered agent of the limited liability company are C T Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324.
4. The limited liability company shall be managed by a manager. The name and address of the initial manager of the limited liability company are: Joseph G. Beard, c/o Westdale Properties America I, Ltd., 3300 Commerce Street, Dallas, Texas 75226.

IN WITNESS WHEREOF, these Articles of Organization have been executed by the below named authorized representative of the limited liability company this 6th day of January, 2010.


Name: Ken Carlson
Authorized Representative

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

WESTDALE APOGEE LLC

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

CT Corporation System

(Name)

1200 South Pine Island RoadFlorida Street Address (P.O. Box NOT ACCEPTABLE)Plantation, Florida 33324

City/State/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, Florida Statutes.

CT Corporation System

By: Madonna Cuddihy

(Signature)

Madonna Cuddihy
Special Assistant Secretary

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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