L11000004454

(1	Requestor's Name)
. (,	Address)
(,	Address)
(1	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



600189007166

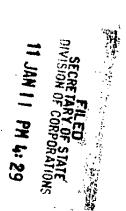
SUFFICIENCY OF FILMO

RECEIVED

RECEIV

B. KOHR
JAN 1 1 2011

EXAMINER



FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

01-11-11

NAME:

WS ATLANTIC WEST, LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST:

\$155

RETURN: CERTIFIED COPY

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WS Atlantic West, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
2600 Citadel Plaza, Suite 125	2600 Citadel Plaza, Suite 125
Houston, Texas 77008	Houston, Texas 77008

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Capitol Corp	porate Services, Inc.
	Name
155 Office Pla	za Dr., Suite A
FI	orida street address (P.O. Box NOT acceptable)
Tallahassee	_{FL} 32301
	City, State, and 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, F.S.

Registered Agent's Signature (REQUIRED)

Knsta Ali, Asst. Sec.

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	Weingarten Realty Investors
	2600 Citadel Plaza, Sulte 125
	Houston, Texas 77008
The office house of the consequent	
Use attachment if necessary)	
EV: Effective date, if other than the	he date of filing: (OPTIC
ective date is listed, the date must	be specific and cannot be more than five business

ED DIGINATURE.

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

M. Candace DuFour

Typed or printed name of signee

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)

