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NAME: WS ATLANTIC NORTH 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:

WS Atlantic North, LLC (Must end with the words 'Lin	nited 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

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

Capitol Corpo	orate Services, Inc.
	Name
155 Office Plaza	a Dr., Suite A
Flor	ida 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)

Knstatu, 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:

<u>Title:</u>	Name and Address:	
"MGR" = Manager	d .	
"MGRM" = Managing Mem	iber	
MGRM	Weingarten Realty Investors	
	2600 Citadel Plaza, Suite 125	
	Houston, Texas 77008	
·		
(Use attachment if necessary	y)	
CLE V: Effective date, if other	r than the date of filing: (OPTIONAL)	
	e must be specific and cannot be more than five business days prior	
0 days after the date of filing.)	
REQUIRED SIGNATURE	S:	
111001111111111111111111111111111111111	•	

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)

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