

Division of Corporations  
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To:

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

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : I20010000078  
Phone : (407) 843-8880  
Fax Number : (407) 244-5690

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

Email Address: tcostolo@gray-robinson.com

RECEIVED  
JUN 14 AM 10:00  
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FLORIDA LIMITED LIABILITY CO.  
WESTERN HILLS REI 2, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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G. MCLEOD

JUN 15 2011

EXAMINER

H11000157620 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

WESTERN HILLS REI 2, LLC

## ARTICLE II - Address:

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

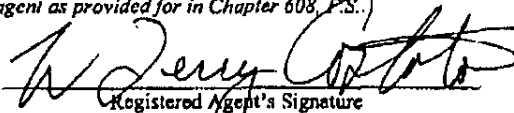
247 N. Westmonte Drive  
Altamonte Springs, FL 32714

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

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

W. Terry Costolo, Esquire  
GrayRobinson, P.A.  
301 East Pine Street, Suite 1400  
Orlando, Florida 32801FILED  
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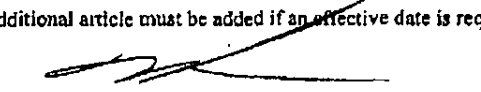
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

## Article IV - Management (Check box if applicable)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

  
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.)

Robert M. Picorne  
Typed or Printed name of Signee

## FILING FEES:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (OPTIONAL)  
\$ 5.00 Certificate of Status (OPTIONAL)