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(Re	equestor's Name)	
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SECKETARY OF STATE DIVISION OF CORPORATIONS



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Waffy & Pambroke Lakes Mall, LIC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Krystel Boca Name of Person
Waffy's Gover, LLC Firm/Company
1375 SW 12th ave
Pompano Beach, FL 33069 City/State and Zip Code Rrystelborg waffys - com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Krystel Borg at (954) 740-9683 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\\$125.00 \text{ Filing Fee & Certificate of Status} \text{ S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \$\\$125.00 \text{ Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	E I -	Name:
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The name of the Limited Liability Company is:

Walle 's Pombache Lakes Mall 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:

Mailing Address:

111401 Pinas Blvd, space K913

133

1375 SW 12th ave Rompano Boach, FC33069

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:

Krystel Borg Name

1375 SW 1216 ave Florida street address (P.O. Box NOT acceptable)

Pompero Beach FL 33069
City 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 605, F.S..

47

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS

Title: "AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
MGR	lingfy's Management, 1375 km 12 ser Pave Pompano Beach, Fr 330
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CV: Effective date, if other than the detive date is listed, the date must be filling.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the detive date is listed, the date must be filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the detive date is listed, the date must be filing.) VI: Other provisions, if any.	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the detive date is listed, the date must be filing.) VI: Other provisions, if any.	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
Cive date is listed, the date must be filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation 1 am aware that any false.	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this documen n under the penalties of perjury that the facts stated herein are true. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.)
EV: Effective date, if other than the detive date is listed, the date must be filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this documen n under the penalties of perjury that the facts stated herein are true.

Page 2 of 2

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)