Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000154671 3)))



H140001548713ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

: GREENBERG TRAURIG (WEST PALM BEACH) Account Name

Account Number : 075201001473 Phone : (561)955-7600 Fax Number : (561)338-7099 Fax Number

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

faleman@jastesm.com Email Address:

FLORIDA LIMITED LIABILITY CO. WREST 65 NM Superior Street, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 3 0 2014

ARTICLES OF ORGANIZATION

FOR FLORIDA LEMITED LIABILITY COMPANY

WREST 65 NM SUPERIOR STREET, LLC

ARTICLE I - NAME: The name of the limited liability company is WREST 65 NM SUPERIOR STREET, LLC (the "Company").

ARTICLE II – ADDRESS: The mailing address of the principal office of the Company is 6401 Congress Avenue, Suites 230-240, Boca Raton, FL 33487. The street address of the principal office of the Company is 6401 Congress Avenue, Suites 230-240, Boca Raton, FL 33487.

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE: The name and the Florida Street address of the Company's registered agent are:

Andres E. Garcia 6401 Congress Avenue, Suites 230-240 Boca Raton, FL 33487

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 in Chapter 605, Florida Statutes.

Andres E. Garcia - Registered Agent's Signature

ARTICLE IV - The name and address of each person authorized to manage and control the limited liability company are:

<u>Title</u> Name and Address

Manager

Andres E. Garcia 6401 Congress Avenue Suites 230-240 Boca Raton, FL 33487

Manager

Jhonny A. Mercado 6401 Congress Avenue Suites 230-240 Boca Raton, FL 33487 IL EU W 27 AM 7:1 Manager

Angelo Freites

6401 Congress Avenue

Suites 230-240

Boca Raton, FL 33487

Manager

Murshed Mansoor

6401 Congress Avenue

Suites 230-240

Boca Raton, FL 33487

Manager

Edilberto Rodriguez 6401 Congress Avenue

Suites 230-240

Boca Raton, FL 33487

SIGNATURE ON FOLLOWING PAGE

2014 JUN 27 AM 7: 17
SECRETARY OF STATE

REQUIRED SIGNATURE:

Andres E. Garcia, Manager

(In accordance with section 605.0203 (1) (b), 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.)

2014 JUN 27 AH 7:17
SECRETARY OF STATE