

L44 000103736

Florida Department of State  
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.

((H14000154665 3)))



H140001546653ABC%

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: Account Name : GREENBERG TRAUIG (WEST PALM BEACH)  
Account Number : 075201001473  
Phone : (561) 955-7600  
Fax Number : (561) 338-7099

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

Email Address: faleman@jaateam.com

FLORIDA LIMITED LIABILITY CO.  
WREST 49 FL University Park Drive, LLC

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

2014 JUN 27 A 9:29

RECEIVED  
14 JUN 27 PM 1:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY  
WREST 49 FL UNIVERSITY PARK DRIVE, LLC**

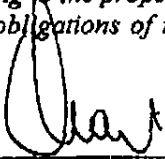
**ARTICLE I – NAME:** The name of the limited liability company is WREST 49 FL UNIVERSITY PARK DRIVE, LLC (the “Company”).

**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>	<u>Name and Address</u>
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

*Manager*

Angelo Freitas  
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***

FILED  
JUN 27 11:29  
2014

**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 AM 10:29

FILED