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

From: Account Name : BELOFF, PARKER, JACOBS, PLC.
Account Number : I20080000060
Phone : (305) 673-1101
Fax Number : (305) 673-5505

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: annie@belofflaw.com

FLORIDA LIMITED LIABILITY CO.
WASHINGTON GARDENS MB, LLC

Certificate of Status	1
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No. 7659 P. 2

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**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY
OF
WASHINGTON GARDENS MB, LLC**

The undersigned, desiring to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, does hereby establish the following:

ARTICLE I- NAME:

The name of the limited liability company is: **WASHINGTON GARDENS MB, LLC**
, a Florida limited liability company

ARTICLE II- ADDRESS:

The address of its principal place of business, as well as the mailing address for this limited liability company is:

**1228 Alton Road
Miami Beach, Florida 33139**

**ARTICLES III- REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S
SIGNATURE**

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

**James Resnick
1228 Alton Road**

Miami Beach, Florida 33139

Having been named as registered agent and to accept service of process for the above state limited liability company 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.

By: *JAMES RESNICK*

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ARTICLE IV


The name and address of each person authorized to manage and control the Limited Liability Company:

TITLE:	NAME AND ADDRESS:
Member	James Resnick 1228 Alton Road Miami Beach, Florida 33139

ARTICLE -V -Effective Date, if other than the date of filing: _____ (Optional)

ARTICLE- VI- Other provisions, if any.

REQUIRED SIGNATURE:



 James Resnick, Member

(In accordance with Section 605.0203 (1)(b), Florida Statute, 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 §817.135, F.S.)

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