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P.001/003

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Number : I20080000060 Phone

: (305)673-1101

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**Enter the email address for this business entity to be used for future annual report mailings Email Address:

FLORIDA LIMITED LIABILITY CO. WASHINGTON GARDENS MB, LLC

Certificate of Status	1
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Mar. 19. 2015 3:50PM

No. 7659 P. 1

(((H15000070446 3)))

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 Plorida address of the registered agent are:

James Resnick 1228 Alton Road

Miami Beach, Florida 33139

Flaving been manted as registered agent and to accept service of process for the above state limited liability company at the place designated in this contificate. I hereby accept the appointment as registered agent and agree to set 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.

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03/20/2015 09:17 BELOFF PA

Mar. 19. 2015 3:50PM

No. 7659 P. 3

(((H15000070446 3)))

ARTICLE IV	
The name and address of each person authorized to Company:	manage and control the Limited Liability
TITLE	NAME AND ADDRESS:
Member .	James Resnick 1228 Alton Road Miami Beach, Florida 33139
ARTICLE -V -Effective Date, if other than the date of fil	ing:(Optional)
ARTICLE- VI- Other provisions, if any.	
REQUIRED SIGNATURE:	
Tomas Pasnick Mamba	

(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 \$817.155,P.S.)

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