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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.

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

From: Account Name : GARY, DYTRYCH & RYAN, P.A.
Account Number : 119990000255
Phone : (561)844-3700
Fax Number : (561)844-2388

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

Email Address: AND@GDR-LAW.COM

2015 APR 10 PM 3:30
F I L E D
STATE OF FLORIDA
DIVISION OF CORPORATIONS

15 APR 10 AM 10:00

STATE OF FLORIDA
DIVISION OF CORPORATIONS
INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.
WOODROSE PROPERTIES FLORIDA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

APR 13 2015
J. BRUCE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Woodrose Properties Florida, 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:

205 N.
3149 South Ocean Blvd.
Palm Beach, FL 33480

205 N
3149 South Ocean Blvd.
Palm Beach, FL 33480

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

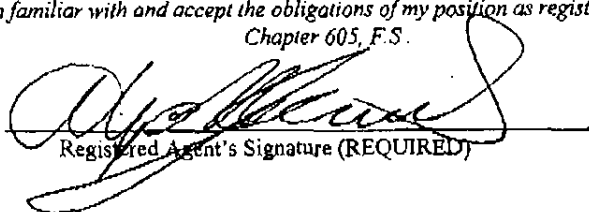
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Alys Nagler Daniels
Name
701 U.S. Hwy. One, Ste. 402
Florida street address (P.O. Box **NOT** acceptable)
N. Palm Beach FL 33408
City Zip

FILED
2015 APR 10 PM 3:30
CLERK OF STATE
AND COMPTROLLER
TREASURER

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGR</u>	<u>Robert Torricelli</u>
	<u>63A Bridge St.</u>
	<u>Lambertville, NJ 08530</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(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.)

Robert Torricelli
Typed or printed name of signer

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)

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 2015 APR 10 PM 3:30
 DEPARTMENT OF STATE
 PALM BEACH COUNTY, FLORIDA