No. 4618 Pap. 1/32 Sep. 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. (((H15000213479 3))) H150002134793ABC% Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. 1.1.2 To: Division of Corporations ÷٠, PH 4:06 Fax Number : (850)617-6381 From: Account Name : HAILE, SHAW & PFAFFENBERGER, P.A. Account Number : 076326003550 က္ : (561)627-8100 Phone : (561)622-7603 Fax Number ::: SEP m**Enter the email address for this business entity to be used for future [.annual report mailings. Enter only one email address please.** reomo@haveshaw.com Email Address: FLORIDA LIMITED LIABILITY CO. WESTCITY GLENWOOD, LLC បា Certificate of Status 0 Certified Copy Û 02 Page Count 4H 9: 171 Estimated Charge \$125.00 ŝ

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ARTICLES OF ORGANIZATION OF

WESTCITY GLENWOOD, LLC

The undersigned authorized representative of a member, for the purpose of forming a limited liability company under the Florida Limited Liability Act, Florida Statutes Chapter 605 (the "Act"), hereby makes, acknowledges and files the following Articles of Organization:

ARTICLE I - NAME

The name of the limited liability company is WESTCITY GLENWOOD, LLC (the "Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is:

Principal Office Address: 9293 NW 15th Street Coral Springs, FL 33071-6048 Mailing Address: P.O. Box 51697 Plantation, FL 33318-5697

ARTICLE III - REGISTERED AGENT

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

Haile, Shaw & Pfaffenberger, P.A. 660 U.S. Highway One - Third Floor North Palm Beach, FL 33408

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.

HAILE SHAW & PFAFFENBERGER, P.A.

hilip M. DiComo, Esquire



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ARTICLE IV --- MANAGEMENT

The name and address of the person authorized to manage the Company:

Title	Name and Address	
MGR.	Kenneth M. Simigran	
	9293 NW 15 th Street	
	Coral Springs, FL 33071-6048	

Dated: September 3, 2015

REQUIRED SIGNATURE

Philip M. DiComo, Authorized Representative

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this degument 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.)

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