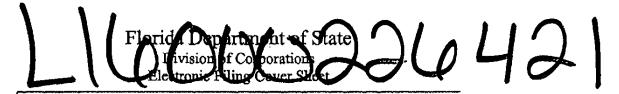
Division of Corporations

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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) 617-6381

From:

: GRAYROBINSON, P.A. - ORLANDO Account Name

Account Number : 120010000078 Phone

: (407)843-8880

Fax Number

: (407)244-5690

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

Email Address; deborah.scherer@gray-robinson.com

FLORIDA LIMITED LIABILITY CO. WAND45th, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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12-15

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	C	OVER LETTER
	egistration Section Wislon of Corporations	
SUBJECT	WAND45th, LLC	
SOBSECT		Limited Liability Company
The enclos	ed Articles of Organization and fee(s)	are submitted for filing.
Please retu	mall correspondence concerning this	matter to the following:
	Deborah Scherer	
		Name of Person
	GrayRobinson, P.A.	
		Firm/Company
	401 E Las Olas Boulevard, Suite 100	00
		Address
	Fort Lauderdale, FL 33301	
	del code about the second second	City/State and Zip Code
	deborah.scherer@gray-robinson.com E-mail address: (to be us	sed for future annual report notification)
For further i	nformation concerning this matter, ple	•
	Deborah Scherer	954 713-7831
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:	
\$125.00 F		\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WAND45th, 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:

1100 Park Central Boulevard S, Ste 3300 Pompano Beach, FL 33064 1100 Park Central Boulevard S, Ste 3300 Pompano Beach, FL 33064

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:

Frank P. Terzo

Name

c/o GrayRobinson, P.A., 401 E Las Olas Blvd, Suite 1000

Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale

FI.

33301

City

State

Zip

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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thor ked representative of a member. ce wie section 605.0203 (1) (b), Florida Statutes, bmitted in a document to the Department of State ided for in s.817.155, FIS.

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