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ECRETARITY OF STATES

C. GOLDEN MAY 2 4 2017

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

_ CERTIFIED COPY
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CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT.

COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	WIDDIE, LLC	
SUBJE	Name of Limited Liabil	ity Company
The enc	nclosed Articles of Organization and fee(s) are submitted	for filing.
Please re	e return all correspondence concerning this matter to the	following:
	SCOTT HODES	
	Name of	Person
	Firm/Co	ompany
	211 Aqua Terrace	
	Addı	ress
	Miami Beach, Florida 33141	
	City/State ar Scott.Hodes@bryancave.com	d Zip Code
	E-mail address: (to be used for future	annual report notification)
For furthe	ther information concerning this matter, please call:	
	Scott Hodes 312	602-5030
	Name of Person Area Code	Daytime Telephone Number
Enclose	sed is a check for the following amount:	
\$125.00	Certificate of Status Certifi	So Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE 1 - Name:

The name of the Limited Liability Company is:

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

WIDDIE, 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

City

i ne maning address a	nd street address of the principal o	ince of the Lim	ned Diability Company is.
	Principal Office Address:		Mailing Address:
<u>211 Aqua</u>	Terrace, Miami Beach, Florida 33	141 2	211 Aqua Terrace, Miami Beach, Florida 33
(The Limited Liability another business entit	stered Agent, Registered Office, Company cannot serve as its own y with an active Florida registratio	Registered Age n.)	agent's Signature: nt. You must designate an individual or
	Corporation Service	Company Name	
	1201 Hays Street Florida street address	(P.O. Box <u>NO</u>	T acceptable)
	Tallahassee	FL	32301

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.,

State

Melissa Zender Asst. Vice President

ed Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Page 1 of 2

MBR" = Authorized Member IGR" = Manager GR	
GR	
	Scott Hodes
	211 Aqua Terrace, Miami Beach, Florida 33141
GR	Maria Bechily-Hodes
	211 Aqua Terrace, Miami Beach, Florida 33141
	· · · · · · · · · · · · · · · · · · ·
se attachment if necessary)	
••	g: (OPTIONAL)
iling.)	applicable statutory filing requirements, this date will not be listed as
in a checure date on the Department of State	2 \$ 1000tds,
/I: Other provisions, if any.	
OHRED SIGNATURE:	
OHRED SIGNATURE:	Trustie 1 the Scott Hodes Trust dated 10
COUIRED SIGNATURE: LOVIN Horses, Signature of a member of	Trustee 1 the Scott Hodes Trust dated 10
Signature of a member of This document is executed in a	Trustee 1 the Scott Hodes Trust dated 10 or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes.
Signature of a member of a member of a management is executed in a lam aware that any false inform	Trustee 1 the Scott Hodes Trust dated 1e or an authorized representative of a member. ccordance with section 605.0203 (1) (b), Florida Statutes. nation submitted in a document to the Department of State as provided for in s.817.155, F.S.
Signature of a member of a maware that any false inform constitutes a third degree felony	nation submitted in a document to the Department of State as provided for in s.817.155, F.S.
Signature of a member of a maware that any false inform constitutes a third degree felony	nation submitted in a document to the Department of State

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