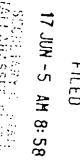
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COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC	WASHINGTON HEIGHTS L			
30000	Nam	e of Limited Liabili	ty Company	
The enclo	osed Articles of Organization and f	ee(s) are submitted	for filing.	
Please re	turn all correspondence concerning	this matter to the f	ollowing:	
	AARON GOLDSTEIN			
		Name of	Person	
		Firm/Co	mpany	<u></u>
	260 NE 17TH TERRACE, SUI	TE 204		
		Addr	ess	
	MIAMI FLORIDA 33132			
	AARON@CLRMIAMI.COM	City/State an	d Zip Code	
	E-mail address: (to	be used for future a	innual report notificati	on)
For further	r information concerning this matte	r, please call:		
	AARÓN	786 at (3686684	
	Name of Person	Area Code	Daytime Telephon	e Number
	f is a check for the following amou Filing Fee \$130.00 Filing F Certificate of St	Fee & \$155.6 atus Certifi	00 Filing Fee & [led Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section		Street Address New Filing Section	

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

ARTICLE I - Name: The name of the Limited Liab	ility Company is:			
WASHINGTON F	HEIGHTS LLC			
	ntain the words "Limited	Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal of	office of the Limite	d Liability Company is:	
Princ	ipal Office Address:		Mailing Address:	
260 NE 17TH TEI	RACE		NE 17TH TERRACE	
SUTTE 204		<u>SU</u>	ITE 204	
MIAMI FLORIDA	x 33132	<u>MI</u>	AMI FLORIDA 33132	
The name and the Florida stree	et address of the registered AARON GOLDSTE	Ü		
	260 NE 17TH TERR	ACE SUITE 204		
	Florida street addres	s (P.O. Box <u>NOT</u> a	acceptable)	
	MIAMI	FL	33132	
	City	State	Zip	
Having been named as registered place dusignated in this certificat further agree to comply with the p am familiar with and accept the o	e, I hereby accept the apportunities resolutions of all statutes resolutions of my position	ointment as register cluting to the prope	red agent and agree to act in this r and complete performance of n as provided for in Chapter 605,	s capacity. I ny duties, and I

(CONTINUED)

		2	ame and Address:			
	thorized Member	_				
"MGR" = Man	nager					
MGR	<u>.</u> _		ARON GOLDSTE	IN .		
			030 NE 121 RD			
		7	MIAMI FLORIDA 3	3181		_
		_				_
		_				_
MGR		N	IANUEL G. HADA	\D		
			O BOX 531187			-
			MAMI FL 33153			_
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		_				-
		-			 .	_
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CLE V: Effective effective date is like of filing.) If the date insertection of the content is effective.	date, if other than the date isted, the date must be seed in this block does not e date on the Department	pecific and comments the meet the app	annot be more than licable statutory fili	five business da	ys prior to or '	
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)