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Division of Corporations Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000030023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Address:

## FLORIDA LIMITED LIABILITY CO. TopMed Woolbright LLC

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T SCHROEDER

ARTICLE I - Name:			
The name of the Limited Lial	oility Company is:		
TopMed Woolbri	ght LLC		
(Must c	ontain the words "Limited	Liability Company, "	L.L.C.," or "L.L.C.")
ARTICLE II - Address:			
The mailing address and stree	et address of the principal	office of the Limited 1	.iability Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
500 S. Dixie High	iway	P.O. I	3ax 302608
Hallandale Beach  ARTICLE III - Registered (The Limited Liability Comp	Florida 33009  Agent, Registered Office, any cannot serve as its own	Avent Avent  & Registered Agent Registered Agent. Ye	turn, Florida 13280
Hallandale Beach ARTICLE III - Registered (The Limited Liability Companother business entity with	Florida 33009  Agent, Registered Office, any cannot serve as its own an active Florida registrative address of the registere	Avent  Avent  A Registered Agent  Registered Agent. You  on.)  d agent are:	rura, Florida 33280
Hallandale Beach ARTICLE III - Registered (The Limited Liability Companother business entity with	Florida 33009  Agent, Registered Office, any cannot serve as its own an active Florida registration	Avent  Avent  A Registered Agent  Registered Agent. You  on.)  d agent are:	rura, Florida 33280
Hallandale Beach ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registrative address of the registere  C T Corporation Sys	Avent  A Registered Agent  Registered Agent. Ye  on.)  d agent are:  stem  Name	rura, Florida 33280
Hallandale Beach ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registrative address of the registere  C T Corporation Systems 1200 South Pine Isl	Avent  A Registered Agent  Registered Agent. Yeon.)  d agent are:  stem  Name	tura, Florida 33280 's Signature: ou must designate an individual of
Hallandale Beach ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registrative address of the registere  C T Corporation Systems 1200 South Pine Isl	Avent  A Registered Agent  Registered Agent. Ye  on.)  d agent are:  stem  Name	tura, Florida 33280 's Signature: ou must designate an individual of
Hallandale Beach ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registrative address of the registere  C T Corporation Systems 1200 South Pine Isl	Avent  A Registered Agent  Registered Agent. Yeon.)  d agent are:  stem  Name	tura, Florida 33280 's Signature: ou must designate an individual of
Hallandale Beach	Agent, Registered Office, any cannot serve as its own an active Florida registrative address of the registere  C T Corporation System 1200 South Pine Isl Florida street address	Avent  A Registered Agent  Registered Agent. You  on.)  d agent are:  stem  Name  land Road  ss (P.O. Box NOT acc	rura, Florida 33280  's Signature: ou must designate an individual or

ħ the further agree to comply with the provisions of all statutes relating to the proper and complete performance of my au 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 (REQUIRE Assistant Secretary

Madonna Cuddihy

(CONTINUED)

ARTICLE IV- The name and address of each person authorize	d to manage and control the Limited Liabllity Company
Title: "AMBR" = Authorized Member "AIGR" = Manager AMBR	Name and Address:  TopMed Florida Portfelio LLC 500 S. Dixic Highway Hallandale Beach, FL 33009
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date of filling	(OPTIONAL)

(OPTIONAL)
ness days prior to or 90 days after
ments, this data will not be listed a
1

REQUIRED SIGNATURE:

Signature of a member or an anthorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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.

Lauren J. Casals, Authorized Representative Typed or printed name of signee

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