Division of Corporations
Electronic Filing Cover Sheet

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To:	The same of the sa	<u> </u>	<u></u>
10.	Division of Corporations	22	J
	Fax Number : (850)617-6381		5
From:		— വ തെടി	-
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120000000019	医型	
	Phone : (305)552-5973 Fax Number : (305)675-5944		
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## FLORIDA LIMITED LIABILITY CO. WOODCOCKS LLC.

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## ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company,

WOODCOCKS LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability

10900 NW 21 ST SUITE 250 MINI FL 33172

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity

SUAN D. ODTIZ 10900 NW 21 ST Suite 250 MIAMI FL 33172

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

SUAN D. OPTIZ (AMBR)

Required Signatures:

Signature of a member or an authorized representative of a member.

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

SUAW DAVID ORTIZ

Typed or printed name of signee

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..

Registered agent's Signature (REQUIRED)

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