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(((H19000146260 3)))



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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GASDICK, STANTON, EARLY, P.A.

Account Number : 075350000152 Phone

: (407)423-5203

Fax Number

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

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FLORIDA LIMITED LIABILITY CO.

Woodland Land II, LLC

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J DENNIS

19 MAY -2 AM 9: 46

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	/ Company is:		
Woodland Land II, LI	LC		
(Must conta	in the words "Limited	l Liability Compar	ny, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal	office of the Limit	ed Liability Company is:
Princips	Office Address:		Mailing Address:
1451 Rockville Pike		14	451 Rockville Pike
Suite 400		S	nite 400
Rockville, MD 20852		R	ockville, MD 20852
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac- The name and the Florida street ac-	cannot serve as its ow ctive Florida registrati	n Registered Agen on.)	gent's Signature: st. You must designate an individual or
	Charles Penan		
		Name	***************************************
	10 Venetian Way, #	1104	
	Florida street addre	ss (P.O. Box <u>NO</u> 1	acceptable)
	Miami Beach	FL	33139
	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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

$(((H19000146260\ 3)))$

	nthorized Member	Name and Address:
MGR* = Mai MGR	nager 	Barrett Penan 1451 Rockville Pike, Suite 400 Rockville, MD 20852
<u></u>		
V: Effective	nt if necessary) date, if other than the date steed, the date must be s	e of filing: (OPTIONAL)
V: Effective tive date is il filing.) ne date insert ent's effectiv	date, if other than the dat sted, the date must be s	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
V: Effective tive date is it filing.) ne date insert cut's effectiv VI: Other pro	date, if other than the dat sted, the date must be sp ed in this block does not e date on the Departmen	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
V: Effective ettive date is it filling.) he date insert tent's effectiv	date, if other than the date sted, the date must be speed in this block does not a date on the Department evisions, if any. Signature of a many this document is executed any sales.	meet the applicable statutory filing requirements, this date will not of State's records.
V: Effective ettive date is if filing.) he date insert cent's effectiv	date, if other than the date sted, the date must be speed in this block does not a date on the Department evisions, if any. Signature of a many this document is executed any sales.	meet the applicable statutory filing requirements, this date will not to of State's records. Rember or an authorized representative of a member. atted in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State.