L20000018919

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N CULLICANI MAR 8 T.

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

**WALK IN
WORTH ROAD COMMERCIAL, LLC
.R
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PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments Certified Copy of Arts & Amendments Complete File (Including Annual Reports) Certificate of Status Certificate of Status Reflecting:
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ATIONPATES REQUESTED
ACCOUNT # 120160000072 W: \

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 121 HAR 17 PH 12: 50

ARTICLE I - Name: The name of the Limited Liab	ility Company is:		SEC	. 1731 L. 122,1	ATE
Lake Worth Rose	Commercial, LLC				· -
(Must co	natin the words "Limited Lia	bility Com	oany, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street	address of the principal offic	e of the Li	mited Liability Company is:		
Princ	ipal Office Address:		Mailing Addres	§ :	
2100 Bonce de L	eon Blvd., Suite 201		P.O. Box 3435		
Coral Gables, FL		_	West Palm Beach, FL 33401		
The name and the Florida stre	Corporate Creations		nc		
	801 U.S. Highway	-			
	Florida street address (I		OT acceptable)		
	North Palm Beach,	FL	33408		
	City	State	Zip		
place designated in this certifica further agree to comply with the	te, I hereby accept the appoin provisions of all statutes relat obligations of my position as	tment as re ting to the p rekistered	for the above stated limited liability gistered agent and agree to act in reper and complete performance gent as provided for in Chapter 6 Carlos M Alvarez, Attor signature (REQUIRED)	this capacity. I of my duties, and I 05, F.S	
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	-	CONTINI	(ED)		

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Rective date is listed, the date must be specific and cannot be more than five business days prior to it your of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records. LE VI: Other provisions, if any.	Title:	Name and Address:
(Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) Tective date is listed, the date must be specific and cannot be more than five business days prior to or 90 da of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ament's effective date on the Department of State's records. LE VI: Other provisions, if any. Signature of a member or an authorized 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	"AMBR" = Authorized Member	
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		Coral Gables, FL 33134
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		
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Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

5 5.00 Certificate of Status (Optional)