

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : THE LAW OFFICE OF JOHN W. WOOD, P.C.

Account Number : I20200000199
Phone : (713)529-7375
Fax Number : (713)529-7378

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

Email Address: Office. JOHNWOOD LAW. COW

FLORIDA PROFIT/NON PROFIT CORPORATION WOODWAY REAL ESTATE, LLC

Certificate of Status	0
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DEC 11 2020

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WOODWAY REAL ESTATE, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

3480 MAIN HIGHWAY, SUITE 400	3480 MAIN HIGHWAY, SUITE 400
MIAMI, FLORIDA 33133	MIAMI, FLORIDA 33133

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CAPITOL CORPOR	ATE SERVICES, INC	· <u>·</u>			
	Name				
515 EAST PARK AVENUE, 2ND FLOOR					
Florida street address	s (P.O. Box NOT acce	ptable)			
TALLAHSSEE	FLORIDA	32301			
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..

Kim Tadlock, Asst. Sec. on behalf of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	ROBERTO PEREZ ESTRADA
	3480 MAIN HIGHWAY, SUITE 400
	MIAMI, FLORIDA 33133
PRES	ROBERTO PEREZ ESTRADA
	3480 MAIN HIGHWAY, SUITE 400
	MIAMI, FLORIDA 33133
SEC_	ROBERTO PEREZ ESTRADA
	3480 MAIN HIGHWAY, SUITE 400
	MIAMI, FLORIDA 33133
	
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ARTICLE VI: Other provisions, if any.	
<u>REOUIRED</u> SIGNATURE:	
This document is ex I am aware that any	member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
JOHN W. W	OOD, ATTORNEY-IN-FACT
	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)