

L030000037592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

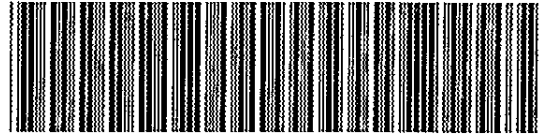
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**MJM**

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03 SEP 29 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MRV RUSHMORE, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MEGAN CAUBLE  
(Name of Person)

MR VALUATION CONSULTING, LLC  
(Firm/Company)

11080 MICHIGAN AVENUE, SUITE 700  
(Address)

MIAMI BEACH, FL 33139  
(City/State and Zip Code)

For further information concerning this matter, please call:

MEGAN CAUBLE at (305) 777-2234  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MRV Rushmore Consulting, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2121 PONCE DE LEON BLVD.  
SUITE 1100  
COOKAL GABLES, FL 33134

**Mailing Address:**

2121 PONCE DE LEON BLVD.  
SUITE 1100  
COOKAL GABLES, FL 33134

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

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

MEGAN CAUBLE

Name

1180 MICHIGAN AVE, SUITE 700

Florida street address (P.O. Box **NOT** acceptable)

MIAMI BEACH, FL 33139

City, State, and 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 608, F.S..*

Megan Cauble

Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE FLORIDA

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

MARK RODRIGUEZ  
5 PROFESSIONAL CIRCLE, SUITE 208  
COLTS NECK, NJ 07722

MGR

JEROME PRICE  
2121 PONCE DE LEON BLVD, SUITE 1100  
COVINGTON, GA 30034

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MEGAN CAUBLE  
Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)