FAX NO.

P. 01/02

Division of Corporation

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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From:

Account Name

: FIELDSTONE LESTER SHEAR & DENBERG

Account Number : Il9990000180 Phone

: (305)357-5775

Fax Number

: (305)357-5534

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DIVISION OF CORPORATION

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LIMITED LIABILITY COMPANY

Morrison Development, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Morrison Development, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
40304 Fisher Island Drive
#40304
Fisher Island, FL 33109

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

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

Name

Name

201 Alhambra Circle, Suite 601

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

Coral Gables, FL 33134

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.

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An	additional article must be added if an effective date is requested)
	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.)
	David Shear, Authorized Agent Typed or printed name of signee
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