

L110000002586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

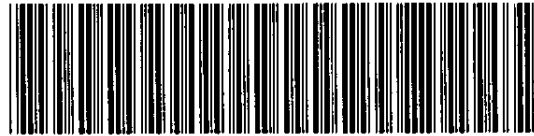
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800189104408

01/07/11--01001--015 **155.00

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2011 JAN -6 PM 4:29

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

11 JAN -6 AM 8:28

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHLER

JAN - 7 2011

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN -6 AM 8:28

CONTACT: KATIE WONSCH

DATE: 01/06/2011

REF. #: 000409.139970

CORP. NAME: 3105 44TH ST. LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 538076 **FOR \$** 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
3105 44th St. LLC**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN -6 AM 8:20

ARTICLE I: - Name

The name of the Limited Liability Company is **3105 44th St. LLC**

ARTICLE II: - Address

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

c/o Lisa A. Landy
Akerman Senterfitt
One SE Third Avenue, 25th Floor
Miami, FL 33131

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

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

NRAI SERVICES, INC.
2731 Executive Park Drive, Suite 4
Weston, FL 33331

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.

NRAI SERVICES, INC.

By: Katie Wonsch
Name: Katie Wonsch
Title: Assistant Secretary

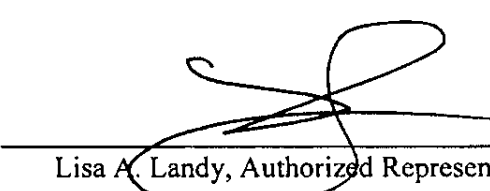
ARTICLE IV: - Management

☒ The Limited Liability Company is to be managed by one Member or more Members and is, therefore, a member - managed company.

ARTICLE V: - Manager(s) or Managing Member(s)

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

MGRM L & LA (Florida) Ltd.



Lisa A. Landy, Authorized Representative

(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.)

Lisa A. Landy
Typed or printed name of signee