

L14000055437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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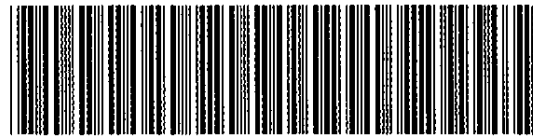
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
2014 APR -3 AM 9:57  
14 APR -3 PM 4:37

APR 04 2014

D. BRUCE

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

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:** SAVANNAH DEBOER

**DATE:** 04/03/14

**REF. #:** 7748258.9103807

**CORP. NAME:** MC EAST RANDOLPH 1104 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#** 70017932 **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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION OF  
MC EAST RANDOLPH 1104 LLC,  
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

**NAME**

The name of the Limited Liability Company is MC East Randolph 1104 LLC (the "Limited Liability Company").

**ARTICLE II**

**ADDRESS**

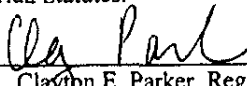
The mailing address and street address of the principal office of the Limited Liability Company is 9725 NW 117th Avenue, Suite 300, Miami, FL 33178.

**ARTICLE III**

**REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE**

The name and Florida street address of the registered agent are Clayton E. Parker, Esq., K&L Gates LLP, 200 South Biscayne Boulevard, 39<sup>th</sup> Floor, Miami, FL 33131.

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 of the Florida Statutes.

  
Clayton E. Parker, Registered Agent

**ARTICLE IV**

**MANAGER**

The name and address of each person authorized to manage the Limited Liability Company are as follows:

Raul Marcelo Claire	9725 NW 117th Avenue Suite 300 Miami, FL 33178
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Date: April 3, 2014

  
Clayton E. Parker, Authorized Person

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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In accordance with Section 605.0203 of the Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155 of the Florida Statutes.