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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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M2 REGENCY, L	LLC			
			-	
				
			1	
				Art of Inc. File
				LTD Partnership File
			<u> </u>	Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
-				Vehicle Search
				Driving Record
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COVER LETTER

	ew Filing Section ivision of Corporations
SUBJECT	M2 REGENCY, LLC
SUBJECT	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	IRVING WEISSELBERGER
	Name of Person
	Firm/Company
	48 E FLAGLER ST PH 104
	Address
	MIAMI, FL 33131
	City/State and Zip Code IRVING@DRAGONFLYRI.COM
-	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	IRVING WEISSELBERGER 305 3190662
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fi	ling Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabi	lity Company is:			
M2 REGENCY, L	LC_			
(Must con	ntain the words "Limited	d Liability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal	office of the Lim	nited Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address:	
48 E FLAGLER ST	r PH 104		48 E FLAGLER ST PH 104	
MIAMI, FL 33131			MIAMI, FL 33131	
The name and the Florida stree	t address of the registere	_		
	48 E FLAGLER ST			
	Florida street addre	ess (P.O. Box <u>NO</u>	<u>T</u> acceptable)	
	MIAMI	FL	33131	
	City	State	Zip	
place designated in this certificate further agree to comply with the p	e, I hereby accept the approvisions of all statutes bligations of my position	pointment as regi relating to the pro nas registered ag	r the above stated limited liability company at istered agent and agree to act in this capacity. Oper and complete performance of my duties, of ent as provided for in Chapter 605, F.S	I
		(CONTINUE	ED)	

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	PD (60) THE 60 H (10)	
MGR	DRAGONFLY COMMERCIAL, LLC	
	48 E FLAGLER ST PH 104	
	MIAMI, FL 33131	
MGR	MICHAEL BAUER	
	45 WEST 34TH ST SUIT 1001	<u>~</u>
	New York, NY 10001 +:	≨
	1,24,00	` <u>>></u> •
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(Use attachment if necessary)		
TICLE V: Effective date, if other than the an effective date is listed, the date must a date of filing.)	be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no	•
TICLE V: Effective date, if other than the an effective date is listed, the date must date of filing.) te: If the date inserted in this block does document's effective date on the Departs	be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no	•
TICLE V: Effective date, if other than the an effective date is listed, the date must date of filing.) te: If the date inserted in this block does document's effective date on the Department of the Department	be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no ment of State's records.	•
TICLE V: Effective date, if other than the in effective date is listed, the date must date of filing.) te: If the date inserted in this block does document's effective date on the Departs TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e	be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no	•

85

Filing Fees:

Typed or printed name of signee

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

IRVING WEISSELBERGER

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-