Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)922-4003

From:

Account Name : FIELDSTONE LESTER SHEAR & DENBERG Account Number : T19990000180
Phone : (305)357-5775

Fax Number (305) 357-5776

LIMITED LIABILITY COMPANY

MSL, LC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: MSL, LC ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 4910 SW 74 Terrace Miami, Florida 33143 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Ronald Fieldstone Name 01 Alhambra Circle, Suite 601
Florida street address (P.O. Box NOT acceptable)

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 pegistered agent as provided for in Chapter 608, F S.

Coral Gables. Florida 3313 City, State, and Zip

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.

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(An	additional article must be idded if an effective date is requested
	Signature of a momber of a 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.)
	Ronald Fieldstone, Member Typed or printed name of signee

typed or printed name of signee

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the Limited Liability Company is:			
	MSL, LC			
2.	The name and the Florida street address of the registered agent and office are:	SECRE TALLAH	101 JUL	
	Ronald Fieldstone Name	TARY ASSEI	<u>~</u>	
	201 Alhambra Circle, Suite 601 Florida street address (P.O. Box NOT acceptable)	OF STA	PM သူ	Ö
	Coral Gables, Florida 33134 City, State, and Zip	REDA	<u>5</u>	

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.

Ronald Fieldstone

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