

**L010000003747**  
H. COLLINS FORMAN, JR., P.A.

Telephone (954) 764-0005  
Facsimile (954) 764-1478

1323 Southeast Third Avenue  
Fort Lauderdale, Florida 33316

March 8, 2001  
VIA UPS OVERNIGHT MAIL

Buck Kohr  
Secretary of State  
404 E. Gaines Street  
Tallahassee, Florida 32309

RE: Middle River Associates, LLC

200003830872--0  
-03/12/01--01072--026  
\*\*\*\*160.00 \*\*\*\*160.00

Dear Buck:

Enclosed please find Articles of Organization for Middle River Associates, LLC, along with this firm's check in the amount of \$160.00 representing the \$100.00 filing fee, \$25.00 registered agent fee, \$30.00 certification fee and \$5.00 to obtain a Certificate of Good Standing.

Please return the above in the overnight mail envelope provided. Thank you for all you do! It is truly a pleasure working with you. If you have any problems, please give me a call.

Sincerely yours,

*Cindy*  
Cindy Collick, Secretary to  
H. COLLINS FORMAN, JR.

/cc  
encls.

CF-125  
CERT-35

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

h/n 3/12

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I – Name:**

The name of the Limited Liability Company is:

Middle River Associates, L.L.C.

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 4300 North University Dr., Ste. D-103, Lauderhill, Florida 33351.

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and street address of the registered agent are:

William M. Murphy  
Name  
4300 North University Dr., Ste. D-103  
Florida street address (P.O. Box **NOT** acceptable)  
Lauderhill, Florida 33351  
City, State, Zip

Having been named as registered agent and to accept service of process for the above state 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.

William M. Murphy  
Registered Agent's Signature

**ARTICLE IV – Management: (Check box if applicable.)**

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

Managers: Una Murphy  
4300 N. University Dr., Ste. D-103  
Lauderhill, Florida 33351

Una Murphy  
Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

UNA MURPHY

Typed or printed name of signee

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