

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)922-4003

From:

Account Name : BILZIN, SUMBERG DUNN PRICE & AXELROD LLP

Account Number : 075350000132 Phone : (305)374-7580 Fax Number : (305)350-2446

32 580

LIMITED LIABILITY COMPANY

MSCI 1998-CF1 FLORIDA HOLDINGS, LLC

Certificate of Status	I
Certified Copy	1
Page Count	02
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ARTICLES OF ORGANIZATION OF MSCI 1998-CF1 FLORIDA HOLDINGS, LLC

- 1. The name of the limited liability company is MSCI 1998-CF1 FLORIDA HOLDINGS, LLC.
- 2. The mailing address and the street address of the principal office of the limited liability company are c/o Lennar Partners, Inc., 760 NW 107th Avenue, Suite 400, Miami, Florida 33172.
- The name and street address of the initial registered agent of the limited liability company are C T Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324.
- 4. The limited liability company shall be managed by a manager.
- 5. The limited liability company shall commence as of 12:01 A.M. on March 12, 2001.

IN WITNESS WHEREOF, these Articles of Organization have been executed by the belownamed authorized representative of the member of the limited liability company effective as of the 12th day of March, 2001.

Kendall Sparkman Authorized Representative

FILED

FAX AUDIT NO.: HO1-000025863

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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

l. The	name of th	e limited	liability	compa	ny is:_			<u> </u>
	MSCT 1998-	_CEI Flor:	<u>ida. Holdí</u>	ក្នុ <u>ុ</u>	I. C.			
2. The nam	e and address o	f the register	ed agent and	office is:				
	<u>CT</u>	CORPORATI		1			:	7
			(Name)					
	c/o C T C	ORPORATIO (P.O	N SYSTEM.	1200 ale)	South	Pine	Island	Road
		Plantat	ion, FL 3	3324				
			(City/State/Zip)		·····	,		
the appoint comply with of my duties agent.	n named as reg d liability compa ment as registe the provisions of and I am famili DRATION SYS	any at the pla red agent ar of all statutes liar with and	ace designat nd agree to a s relation to t	ed in this ict in this he prope bligations	s certific s capaci	ate, I h ty. I fur mplete osition	ereby acc ther agree	ept e to
	(Signature)	PETER F. SC ASSISTANT SECRE		 		ate)	·	

FAX AUDIT NO.: H01-000025863

FILING FEE: \$ 35 for Designation of Registered Agent