

LO 3000033242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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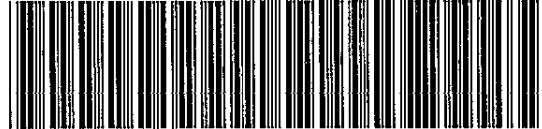
(Business Entity Name)

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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 228124 156544A

AUTHORIZATION :

COST LIMIT : \$ 155.00

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TALLAHASSEE, FLORIDA

ORDER DATE : September 3, 2003

ORDER TIME : 3:43 PM

ORDER NO. : 228124-005

CUSTOMER NO: 156544A

CUSTOMER: Steven M. Charchat, Esq  
Steven M. Charchat, p.a.

848 Brickell Avenue  
Suite 1040  
Miami, FL 33131

DOMESTIC FILING

NAME: MP 1505, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is MP 1505, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

c/o 848 Brickell Avenue, Suite 1040, Miami, Florida 33131

**ARTICLE III - Management:**

The Limited Liability Company is to be managed by a manager who is to serve as a manager until the first annual meeting of members or until her successor is elected and qualified and the name and address of such manager who is to serve as manager is:

Michael Perdomo  
c/o 848 Brickell Avenue, Suite 1040  
Miami, Florida 33131

**ARTICLE IV - Registered Agent, Registered Office, & Registered Agent's Signature:**

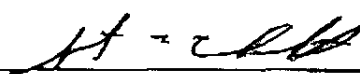
The name and the Florida street address of the registered agent are:

Steven M. Charchat, P.A.  
848 Brickell Avenue  
Suite 1040  
Miami, Florida 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

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with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

  
\_\_\_\_\_  
Registered Agent's Signature

  
\_\_\_\_\_  
Signature of 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.)

MICHAEL PERDOMO  
\_\_\_\_\_  
Print name of member

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