T-357 P.001/003 F-523

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H040000348283)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0363

From:

Account Name : ADORNO & YOSS, P.A.

Account Number : 076247002423 Phone : (954)763-1200 Fax Number : (954)766-7800

LIMITED LIABILITY COMPANY

RM PINES CITY CENTER PLAZA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Gamarata filling

Public Access Help.

77104

Electropic Filing Menu.

H04000034828 3

FROM-ADORNO & YOSS P.A.

ARTICLES OF ORGANIZATION OF RM PINES CITY CENTER PLAZA, LLC

These Articles of Organization are made for the purpose of organizing a Florida Limited Liability Company under the Florida Limited Liability Act, Chapter 608, Florida Statutes.

ARTICLE I NAME

The name of this limited liability company (the "Company") is:

RM PINES CITY CENTER PLAZA, LLC

ARTICLE II **ADDRESS**

The Company's mailing address and street address of the principal office of the Company is 3325 South University Drive, Suite 210, Davie, FL 33328.

ARTICLE III DURATION

The period of duration for the Company will be perpetual.

article iv REGISTERED AGENT AND OFFICE

The name of the initial registered agent of the Company is Barry Ross, and his address is 3325 South University Drive, Suite 210, Davie, FL 33328.

The undersigned executed these Articles of Organization on this May of February, Zooq

Authorized Representative of the Members:

(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.)

H04000034828 3

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, 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:

RM PINES CITY CENTER PLAZA, LLC

2. The name and the Florida address of the registered agent are:

Barry Ross 3325 South University Drive Suite 210 Davie, FL 33328

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.

Barry Ross

SECRETARY OF STATE