

# L04000026110

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(((H04000070816 3)))

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Fax Number : (850)205-0383

From: Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.  
Account Number : 076077000521  
Phone : (954)527-2428  
Fax Number : (954)764-4996

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2004 APR -5 A 9:56 AM  
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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY  
MFAVII LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
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Per my conversation w/ your office - this was originally faxed on 4/2/04 w/ 6 other LLCs. Evidence has been received back for the other 6, will you please date this April 5, 2004 as the others are dated. Thanks!

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The 6 faxes was faxed with  
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H04000070818  
H04000070815  
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 6, 2004

RUDEN MCCLOSKEY SMITH SCHUSTER & RUSSELL, P.A.

SUBJECT: MFAVII LLC  
REF: W04000013297

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Diane Cushing  
Document Specialist

FAX Aud. #: H04000070816  
Letter Number: 904A00022419

H04000070816

ARTICLES OF ORGANIZATION  
OF  
MFAVII LLC  
a Florida limited liability company

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida does set forth the following:

1. NAME. The name of the limited liability company is MFAVII LLC (the "Company").
2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address of the principal office of the Company is: c/o The Coral Realty Group LLC 6400 Congress Avenue, Suite 1750, Boca Raton, Florida 33487.
3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization are: NRAI Services, Inc., 526 E. Park Avenue, Tallahassee, Florida 32301.

The undersigned has executed these Articles of Organization on the 2nd day of April, 2004.

MFAVII LLC

Michael Donovan  
Michael Donovan, Authorized Representative

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*MONTANA 10814*

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

- 1. The name of the limited liability company is: MFAVII LLC
- 2. The name and address of the registered agent and office is:

NRAI Services, Inc.  
526 E. Park Avenue  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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 its 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.*

NRAI Services, Inc.

*Michael Dawson Asst. Secretary*

*4-2-04*

(Date)

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