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# Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850) 205-0383

Account Name : FIELDSTONE LESTER SHEAR & DENBERG

Account Number : I19990000180 2hone : (305)357-5775 Fax Number

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# LIMITED LIABILITY COMPANY

# MAP INVESTMENTS, LLC

Certificate of Status	0
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

MAP investments, LLC

### ARTICLE II - Address:

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

Attn: Michael J. Rosenbaum 201 Alhambra Circle, Ste 601 Coral Gables, Florida 33134

# ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Michael J. Rosenbaum

201 Alhambra Circle, Suite 601 Fionda street address (P.O. Box NOT acceptable)

Coral Gables, Florida 33134 City, State, and Zip

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 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, 몽둥

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

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

(An additional article/must be added if an effective date is requested)

Signature of a member or an authorized representative of a 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 J. Rosenbaum. Authorized Representative