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Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20C10000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

LIMITED LIABILITY COMPANY

F.U.P. MOB MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the Limited Liability Company is:

F.U.P. MOB MANAGEMENT, LLC

ARTICLE II ADDRESS

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

1943 NE 148TH ST
N MIAMI FL 33181-1162

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

REALITY LASTER
1943 NE 148TH ST
N MIAMI FL 33181-1162

Having been named as registered agent 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 as provided for in Chapter 608, F.S.



REALITY LASTER / Registered Agent's Signature

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more Members and is, therefore, a Member-Managed Company.

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ARTICLE V MEMBERS (optional)

MANAGING MEMBER
REALITY LASTER
1943 NE 148TH ST
N MIAMI FL 33181-1162

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

REALITY LASTER
Typed or printed name of signee

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