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Florida Department of State Division of Corporations Public Access System

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To: Division of Corporations Fax Number : (850)205-0383	TALLA UNIT	ĤĽ 05 0CT 10
From:		e e
Account Name : TURNBERRY ASSOCIATES Account Númber : 119990000201	S S	
Phone : (305) 933-5505	TUC RIDA	<u><u></u></u>
Fax Number : (305)933-5535	DE	46
LIMITED LIABILITY CON	PANY 97 6	RECEIVE
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

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The name of the Limited Liability Company is:

MEI 14C, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	AEC:)5 Q	
2875 NE 191 Street, Suite 601 Aventura, FL 33180	2875 NE 191 Street, Suite 601 Aventura, FL 33180		ct là	<u>다</u>
	Office & Desistand A cont's Simpl	TCF TS CF CF S	AN 6	Ð

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

George Perez

Name

2875 NE	191 Street, Suite 601
	Florida street address (P.O. Box NOT acceptable)

Aventura FL 33180 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 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.

Registered Agent's Signature (REQUIRED)

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Name and Address:

"MGR" = Manager "MGRM" = Managing Member

MGRM

Title:

George Perez 2875 NE 191 Street, Suite 601 Aventura, FL 33180

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ______ (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

D.

Signature of a member or an authorized pepresentative 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.)

George Perez

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent \$ 30.00 Certified Copy (Optional)

5.00 Certificate of Status (Optional)

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