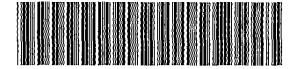
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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(CI	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
		
(De	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Con		—		
SUBJECT:	Miraner P.	roperties, cho		
	(Name of Limit	ed Liability Company)		
The enclosed Articles of	Organization and fee(s) are	submitted for filing.		
Please return all corresp	ondence concerning this mat	ter to the following:		
	Freet 1	S. G.bson J-, (Name of Person)		
		(Name of Person)		
	Miramar Pu	openties LLC. (Firm/Company)		<u> </u>
	G538 (o	(line Avenue	Stat 1	新
w	iami Beach	(Address) Florida ty/State and Zip Code)	33(41	C-7 F
	(Ci	ty/State and Zip Code)	Ş	12 N
For further information of	concerning this matter, please	e call:	TILLA	第36
Everett B	of Person)	at (305) 532 (Area Code & Daytime Te	- 7069	
Enclosed is a check for	or the following amount:			
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	& 3 \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filin Certificate of State Certified Copy (additional copy is end	us &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Miranar Properties ((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 At	ddress:	Mailing Address:	
6538 (ollius Avenia, ste	164	
mieni Be	ach, Horoda 3317		
(The Limited Liability Co.		d Office, & Registered Agent's Signered Agent. You must designate an individual	
The name and the F	lorida street address of the	registered agent are:	PH S
,	Freeth B. C	isson, J.	2:36 STATE ORIDA
	Name		
	2301 Collins 1	herue # 417	
	Florida street ad	dress (P.O. Box NOT acceptable)	
	miani Per		
	City State	ann in	

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 (REQUIDED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: December 1, 2005 (OPTION

REQUIRED SIGNATURE:

prior to or 90 days after the date of filing.)

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days

(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.)

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)