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Division of Corporations

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Florida Department of State  
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To:

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

From:

Account Name : DEBORAH MARKS, P.A.  
Account Number : I20060000054  
Phone : (305) 372-9400  
Fax Number : (305) 716-9154

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DIVISION OF CORPORATIONS

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Beth Tax 49, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$125.00 |

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**Article I: Name:**

The Name of the Limited Liability Company is Beth Tax 49, LLC.

**Article II: Address:**

The Mailing Address and Street Address of the principal office of the Limited Liability Company are:

**Principal Office Address:**

18405 Biscayne Boulevard  
Suite 400  
Aventura, Florida 33160

**Mailing Address:**

c/o MLHM, Inc.  
Dept 5193  
Birmingham, AL 35287-5193

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**Article III: Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Deborah Marks, Esq.  
999 Brickell Bay Drive  
Suite 1809  
Miami, Florida 33131

*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.*



**Deborah Marks**

(CONTINUED)

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**Article IV: Manager(s) or Managing Manager(s):**

This entity is a manager managed Limited Liability Company.

The name and address of each Manager or Managing Manager is as follows:

**Title: Name and Address:**

"MGR" = Manager

"MGRM" = Managing Manager

|     |   |
|-----|---|
| MGR | Beatriz Agramonte<br>18305 Biscayne Boulevard<br>Suite 400<br>Aventura, Florida 33160 |
|-----|---|

**Required Signature:**



**DEBORAH MARKS, ESQ.**

**Authorized representative of a member of this entity**

(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)  |

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