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SECRETARY OF STATE TALLAHASSEE, FLORIDA

JAN 24 AH 10:

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COVER LETTER

то:	Registration Son Division of Co		•	
SUBJ	_{ECT:} MNS E	evelopment, L.L.C.		
		(Name of Limited	d Liability Company)	
The en	closed Articles o	of Organization and fee(s) are so	ubmitted for filing.	
Please	return all corresp	condence concerning this matte	r to the following:	
	RICHARD	C. ROLLINS, ESQ.		
		()	Name of Person)	7.6
				ALLAN DAN
		(Firm/Company)	24
	30300 No	rthwestern Hwy., S	Ste.#313	OT JAN 24 AM 10: 16 SECRETARY OF STATE VALLAHASSEE. PLORIDA
			(Address)	57A 16
	Farmingto	on Hills, MI 48334		Dm O
			/State and Zip Code)	
For fu	rther information	concerning this matter, please	call:	
RICH	HARD C. RO	DLLINS, ESQ.	at (248) 932-350	0
	(Name	e of Person)	(Area Code & Daytime To	elephone Number)
Enclo	sed is a check f	or the following amount:		
□ \$12	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

5× ×

ARTICLE I - Name: The name of the Limited L	iability Company is	:	
MNS Development, L.L.C.			 .
(Must end with the words "Limited	Liability Company, "Limi	ted Company" or their abbreviation "LLC," or "L.	C.,")
ARTICLE II - Address:	reet address of the n	rincipal office of the Limited Liability	/Comparitie
The manning address and st	reet address of the p	inicipal office of the Elithica Elability	
Principal Office Address	<u>:</u>	Mailing Address:	JAN 24 AH ID: 16 SECRETARY OF STATE PALLAHASSEE FLOAID TALLAHASSEE FLOAID
727 SW 27th Terrace		727 SW 27th Terrace	\$9.52 -
Boynton Beach, FL 33435		Boynton Beach, FL 33435	T 9 =
	annot serve as its own Regirida registration.)	d Office, & Registered Agent's Sign stered Agent. You must designate an individual or registered agent are:	ature:ア
SVETL	ANA BOGDANOVIC		
	Name	3	
727 SV	N 27th Terrace		
	Florida street ad	ldress (P.O. Box <u>NOT</u> acceptable)	
Boyntor	n Beach	FL 33435	
	City, State,	and Zip	
liability company at the registered agent and agree	e place designated in e to act in this capaci	accept service of process for the above this certificate, I hereby accept the app ty. I further agree to comply with the parternance of my duties, and I am fami	ointment as rovisions of all

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

		Martin Mathema Cinnan
MGRM	_	Martin Nathan Simon 727 SW 27th Terrace
		Boynton Beach, FL 33435
		Boymon Bodon, 1 E oo 100
MGRM	_	SVETLANA BOGDANOVIC
		727 SW 27th Terrace
		Boynton Beach, FL 33435
		PEC
	_	
		E
	_	
(Use attachment if	necessary)	
Obe attachment if	necessary)	
LE V: Effective da	ite, if other than the da	ate of filing: (OPTIONA
		specific and cannot be more than five business day
days after the dat		•
	_	
REQUIRED SIG	NATURE!	\circ

(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.)

SVETLANA BOGDANOVIC

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)