

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number: 120010000247

Fhone: (800).494-3124

Fax Number : (305)675-2811

RECEIVED THAR IS AN 7: 1

LORIDA/FOREIGN LIMITED LIABILITY CO. MPC DORAL FACILITIES LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
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Electronic Filing Menu

Corporate Filing Menu

Help

1 of 1

3/14/2007 6:05 PM

07 MAR 15 AM 7: 49

H07000067763 3

p.2

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

MPC DORAL FACILITIES LLC

ARTICLE II ADDRESS

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

1485 North Park Drive Weston FL 33326

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

A1A REGISTERED AGENT INC. 92 SADBERRY ROAD
QUINCY FL 32351

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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's signature

ARTICLE IV MANAGEMENT

The Limited Liability Company will be managed by one or more managing members and is, therefore, a Member Managed Company.

07 MAR 15 AM 7: 49

H07000067763 3

PAGE 2 MPC DORAL FACILITIES LLC

ARTICLE V

The name(s) and address(es) of the managing members of the LLC are:

PrimeVision Facilities Management of Doral LLC

Managing Member: 1485 North Park Drive

Weston FL 33326

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.)

STEVEN P LEONE
Typed or printed name of signee

SECRETARY OF STATE OF CORPORAL