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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP

Account Number: 075350000132 : (305)374-7580 Phone

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### FLORIDA/FOREIGN LIMITED LIABILITY CO.

#### MLCFC 2007-9 FORUM PLAZA, LLC

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# ARTICLES OF ORGANIZATION OF MLCFC 2007-9 FORUM PLAZA, LLC

- 1. The name of the limited liability company is MLFC 2007-9 FORUM PLAZA, LLC.
- 2. The mailing address and the street address of the principal office of the limited liability company are c/o LNR Partners, Inc., 1601 Washington Avenue, Suite 700, Miami Beach, Florida 33139.
- 3. The name and street address of the initial registered agent of the limited liability company are C T Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324.
- 4. The limited liability company shall be managed by a manager. The name and address of the initial manager of the limited liability company are: LNR Partners, Inc., a Florida corporation, 1601 Washington Avenue, Suite 700, Miami Beach, Florida 33139.

IN WITNESS WHEREOF, these Articles of Organization have been executed by the below named authorized representative of the member of the limited liability company effective as of the 4<sup>th</sup> day of March, 2008.

//s// Kendall Sparkman
Kendall Sparkman
Authorized Representative AHASSEE FLORID

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the	Limited Liability Company is:	
MLCFC 2007-	-9 FORUM PLAZA, LLC	
2. The name and th	e Florida street address of the registered agent and office are:	
	C T' Corporation System	
	(Name)	•
	1200 South Pine Island Road	
	Fiorida Street Address (P.O. Box NOT ACCEPTABLE)	
	Plantation, Florida 33324	
	City/State/Zin	

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 duttes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

By: CT Corporation System

(Signature)

Madonna Cuddihy Special Assistant Secretary

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

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