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**Electronic Filing Cover Sheet**

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Division of Corporations  
Fax Number: (850) 617-6383

Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.  
Account Number : 076077000521  
Phone : (954) 527-2428  
Fax Number : (954) 333-4001

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**MF Seacrest LLC**

<b>Certificate of Status</b>	<b>1</b>
<b>Certified Copy</b>	<b>1</b>
<b>Page Count</b>	<b>02</b>
<b>Estimated Charge</b>	<b>\$160.00</b>

## Electronic Filing Menu

## Corporate Filing Menu

M. THOMAS

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**EXAMINER** 10/10/2008



Ruden, McClosky, Smith, Schuster & Russell, P.A.  
200 East Broward Boulevard  
Fort Lauderdale, Florida 33301  
(954) 764-6660 Main Office  
(954) 764-4996 Main Fax

### Fax Cover Sheet

To: Florida Department of State

Company:

Date: 10/16/2008 2:55:04 PM

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Pages: 4

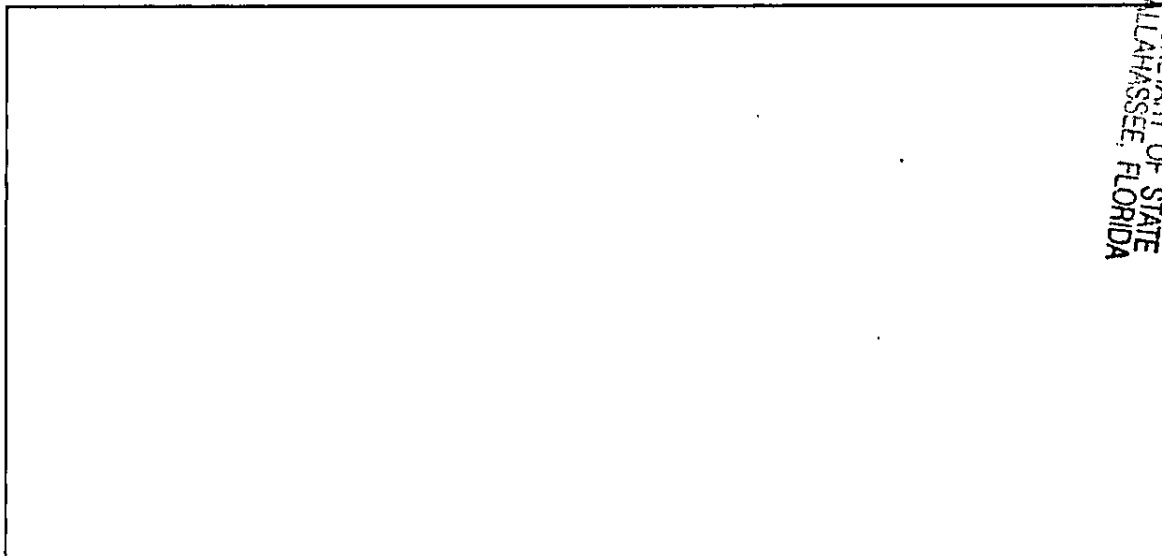
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ARTICLES OF ORGANIZATION  
OF  
MF SEACREST LLC  
a Florida Limited Liability Company

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME. The name of the Limited Liability Company is MF SEACREST LLC (the "Company").

2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing address for the Company is: 7300 W. Camino Real, Suite 200, Boca Raton, Florida 33433.

3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Mitchell Farr, 7300 W. Camino Real, Suite 200, Boca Raton, Florida 33433.

4. MANAGEMENT. The business of the limited liability company shall be managed by the managing member and is, therefore, a member-managed company. The initial managing member shall be Mitchell Farr, 7300 W. Camino Real, Suite 200, Boca Raton, Florida 33433.

The undersigned has executed these Articles of Organization on the 16 day of October, 2008.

By:   
Mitchell Farr, Authorized Representative

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**CERTIFICATION OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: MF Seacrest LLC.
2. The name and address of the registered agent and office is:

Mitchell Farr  
7300 W. Camino Real, Suite 200  
Boca Raton, Florida 33433

*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 its 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.*

  
\_\_\_\_\_  
Mitchell Farr, Registered Agent

10-16-08  
\_\_\_\_\_  
(Date)

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