

L08000098511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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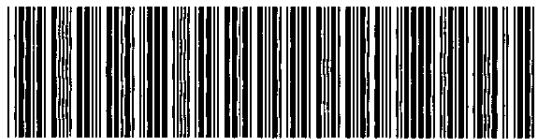
(Business Entity Name)

(Document Number)

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2008 OCT 23 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
OCT 24 2008
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAHGT LEMAIN LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gayle Aiken, Paralegal

(Name of Person)

Honigman Miller Schwartz and Cohn LLP

(Firm/Company)

2290 First National Building

(Address)

Detroit, MI 48226

(City/State and Zip Code)

For further information concerning this matter, please call:

Gayle Aiken

(Name of Person)

at (313)

465-7208

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☒ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED

2008 OCT 23 PM 12:39

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the limited liability company is:
MAHGT LEMAIN LLC

SECOND: The articles of organization or the application to transact business

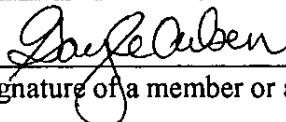
(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
The name of the limited liability company is incorrect. The name of the limited liability company should be
corrected to MAHGT LAMAIN LLC

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: October 22, 2008


Signature of a member or authorized representative of a member

Gayle Aiken, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

2008 OCT 23 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Certified Copy

I certify the attached is a true and correct copy of the Articles of Organization of MAHGT LEMAIN LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on October 20, 2008, as shown by the records of this office

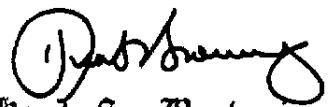
I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L08000098511.

Authentication Code: 081020164936-400137010464#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twentieth day of October, 2008




Kurt S. Browning
Secretary of State

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L08000098511
FILED 8:00 AM
October 20, 2008
Sec. Of State
ncausseauX

Article I

The name of the Limited Liability Company is:
MAHGT LEMAIN LLC

Article II

The street address of the principal office of the Limited Liability Company is:
621 EAST PRATT STREET
SUITE 300
BALTIMORE, MD. 21202

The mailing address of the Limited Liability Company is:
621 EAST PRATT STREET
SUITE 300
BALTIMORE, MD. 21202

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL. 33324

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.

Registered Agent Signature: KRISTINE HIEBERGER

Article V

The name and address of managing members/managers are:

Title: MGRM
MRC MORTGAGE INVESTMENT TRUST
621 EAST PRATT STREET, SUITE 300
BALTIMORE, MD. 21202

Signature of member or an authorized representative of a member

Signature: GAYLE AIKEN

L08000098511
FILED 8:00 AM
October 20, 2008
Sec. Of State
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