

Division of Corporations

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L08000099290

Florida Department of State
Division of Corporations
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To:

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Fax Number : (850) 617-6383

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Account Number : 071250001512
Phone : (305) 789-9200
Fax Number : (305) 789-9201

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TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MITCHEL ANTHONY BURNS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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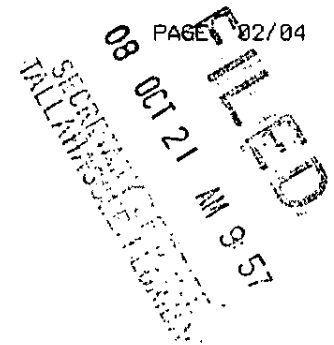
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S. HAWKES

OCT 22 2008

EXAMINER



Audit No. H08000240287 3

ARTICLES OF ORGANIZATION
OF
MITCHEL ANTHONY BURNS LLC

ARTICLE I

The name of the limited liability company formed hereby is **MITCHEL ANTHONY BURNS LLC** (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

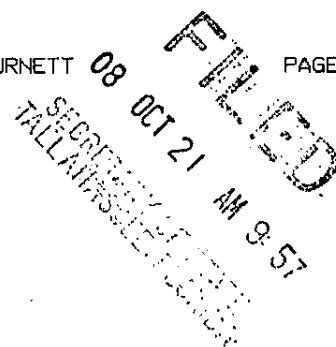
18001 Old Cutler Road, Suite 460
Miami, Florida 33157

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

John C. Strickroot, Esq.
1395 Brickell Avenue, 14th Floor
Miami, Florida 33131

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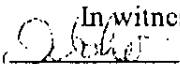
ARTICLE V

The Limited Liability Company shall be member-managed.

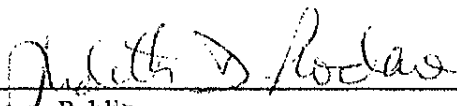

John C. Strickroot,
as Authorized Representative of the Member

STATE OF FLORIDA)
)
COUNTY OF MIAMI-DADE)

Before me personally appeared John C. Strickroot, as Authorized Representative of the Member, ☒ who is personally known to me, or ☐ who produced _____ as identification, to be the person who executed the foregoing Articles of Organization.

 In witness whereof I have hereunto set my hand and official seal this 21st day of _____, 2008.

NOTARY PUBLIC STATE OF FLORIDA
Judith D. Rodman
Commission # 110469468
Expires: OCT 18, 2009
Bonded Thru Atlantic Bonding Co., Inc.


Notary Public
Print Name: JUDITH D. RODMAN
My Commission expires: 10/18/2009

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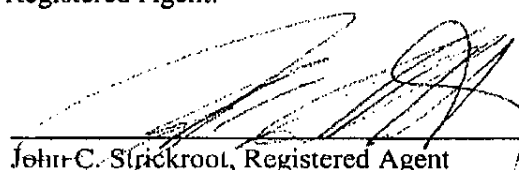
**CERTIFICATE OF DESIGNATION
OF RESIDENT AGENT AND
ACCEPTANCE OF DESIGNATION**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

1. The name of the limited liability company is MITCHEL ANTHONY BURNS LLC
2. The name and address of the Registered Agent and Office is:

John C. Strickroot, Esq.
1395 Brickell Avenue, 14th Floor
Miami, Florida 33131

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.


John C. Strickroot, Registered Agent

Date: October 21, 2008

MITCHEL ANTHONY BURNS LLC

By: 

John C. Strickroot,
as Authorized Representative
of the Member

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