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To:

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

From:

Account Name : BILZIN SUMBERG BAENA PRICE & ASSELROD LLP  
Account Number : 075350000132  
Phone : (305) 374-7580  
Fax Number : (305) 351-2122  
Attn: Lalaine Landau (31578)

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**FLORIDA LIMITED LIABILITY CO.  
BUONICONTI MH MEMBER, LLC**

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**EXAMINER**

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**ARTICLES OF ORGANIZATION  
OF  
BUONICONTI MH MEMBER, LLC  
a Florida limited liability company**

1. The name of the limited liability company is Buoniconti MH Member, LLC.
2. The mailing address of the principal office of the limited liability company is:

10 Edgewater Drive  
Suite 9H  
Coral Gables, FL 33133

3. The street address of the principal office of the limited liability company is:

10 Edgewater Drive  
Suite 9H  
Coral Gables, FL 33133

4. The name and street address of the initial registered agent of the limited liability company are:

Mark Buoniconti  
10 Edgewater Drive  
Suite 9H  
Coral Gables, FL 33133

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Dated: as of April 26, 2010

//s// Mark Buoniconti  
Mark Buoniconti  
Authorized Representative

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**ACCEPTANCE OF APPOINTMENT  
AS REGISTERED AGENT**

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 Articles of Organization, 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 as provided for in Chapter 608, F.S.

Dated: as of April 26, 2010

//s/ Mark Buoniconti  
MARK BUONICONTI  
Registered Agent

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