

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : GREENBERG, TRAURIG, HOFFMAN, ET AL.
Account Number : 076077001461
Phone : (305) 769-5357
Fax Number : (305) 961-5357

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Andy@aquamarinepartners.com

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**FLORIDA LIMITED LIABILITY CO.
AMP BUONICONTI GP I, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

D. BRUCE

MAY 11 2010

EXAMINER

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**ARTICLES OF ORGANIZATION
OF
AMP BUONICONTI GP I, LLC
a Florida limited liability company**

1. The name of the limited liability company is AMP Buoniconti GP I, LLC.
2. The mailing address of the principal office of the limited liability company is:

2890 N.E. 187th Street
Aventura, FL 33180
3. The street address of the principal office of the limited liability company is:

2890 N.E. 187th Street
Aventura, FL 33180
4. The name and street address of the initial registered agent of the limited liability company are:

Aqua MH Member, LLC
2890 N.E. 187th Street
Aventura, FL 33180 ✓

Dated: as of May 6, 2010

AQUA MH MEMBER, LLC
its Authorized Representative

By: 

Andrew Sturner
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 May 6, 2010

AQUA MEMBER, L.L.C.
as Registered Agent

By: _____

Andrew Sturner

Authorized Representative

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