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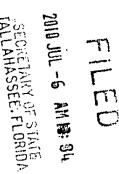
(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	<i>→</i> #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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C. LEWIS

JUL 7 2010

EXAMINER

COVER LETTER

то:	Registration S Division of Co				
SUBJE	cr: MMM B	SCAYNE 126, LLC Name of Limite	ed Liability Com	pany	
The ene	losed Articles o	f Organization and fee(s) are	submitted for fiti	ng.	
Please r	eturn all corresp	ondence concerning this matt	er to the following	ıg:	
-	Louis A. Sous	sa, Esquire	Name of Person	···	
	Lisa & Sousa	Ltd.			
•		,	Firm/Company		
:	5 Benefit Stre	et			• (#files
			Address		
	Providence, F	Rhode Island 02904	164-4 1 'lin C'	4-	
		Cit	y/State and Zip Co	ae	
-	· · · · · · · · · · · · · · · · · · ·	E-mail address: (to be used)	or future annual re	port notification)	
For furt	her information	concerning this matter, please	call:		
Louis	A. Sousa, Es	quire	at (401	274-0600	
	Name	of Person	Aren Co	de & Daytime Telep	hone Number
Enclos	ed is a check fo	or the following amount:			
□ \$125.0	00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	Certified C		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registr Divisio Clifton 2661 E	Courier Address ation Section on of Corporations Building xecutive Center C assec, FL 32301	ircle

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	5/1/f/ JOF
	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	SECRETARIA SSEE, FLURIDA
ADTICLES OF ODCANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPANY
ANTICLES OF OROMIZATION TO	MILANIOA LIMITED LIMINIST I COMITANT
ARTICLE I - Name:	
The name of the Limited Liability Compa	any is:
AANANA DIOOANANE AOO 11 C	
MMM BISCAYNE 126, LLC	(T'. L'). (1
(Must the with the words Timite	ad Liability Company, "L.L.C.," or "LLC")
ARTICLE II - Address:	
	the principal office of the Limited Liability Company is:
· ·	
Principal Office Address:	Mailing Address:
c/o Matcolm S. Butters	Same
6820 Lyons Technology Circle, Suite 100	Cano
Coconut Creek, Florida 33073	
	stered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	n Registered Agent. You must designate an individual or another
business entry with all active Piolicia registration.	
The name and the Florida street address of	of the registered agent are:
Malcolm S. Butters	
	Name
	ology Circle, Suite 100
Florida st	reet address (P.O. Box <u>NOT</u> acceptable)
Coconut Creek	<u>ب، 33073</u>
(City, State, and Zip
Having been named as revistered avent a	and to accept service of process for the above stated limited
	ted in this certificate, I hereby accept the appointment as
	apacity. I further agree to comply with the provisions of all
	lete performance of my duties, and I am familiar with and
accept the obligations of my position of	as registered agent as provided for in Chapter 608, F.S
100	,
Partitional	c Signature (DI/OLIIDAN)
Malcolm S. But	s Signature (REQUIRED) ers
(0	CONTINUED)
`	Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

SECKETARY OF STATE TALLAHASSEE, FLORID'A

	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Memb	per.
MGR	Malcolm S. Butters
	6820@Lyons Technology Circle, Suite 100
	Coconut Creek, Florids 330/3
MGR	Marc Weinstein
	6820 Lyons Technology Circle, Suite
	Coconut Creek, Florida 33073
(Use attachment if necessary)	
LE V: Effective date, if other	than the date of filing: Immediately upon filing . (OPTIO)
LE V: Effective date, if other fective date is listed, the date	than the date of filing: immediately upon filing. (OPTION must be specific and cannot be more than five business d
LE V: Effective date, if other fective date is listed, the date	than the date of filing: immediately upon filing. (OPTION must be specific and cannot be more than five business d
LE V: Effective date, if other fective date is listed, the date days after the date of filing.)	than the date of filing: Immediately upon filing (OPTION must be specific and cannot be more than five business d
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LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of (in accordance of this documents)	than the date of filing: Immediately upon filing (OPTION must be specific and cannot be more than five business defined and cannot be more than five business de
LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of (In accordance of this document that the facts)	than the date of filing: Immediately upon filing (OPTION must be specific and cannot be more than five business defined by the constitutes an affirmation under the penalties of perjury stated herein arc true.)
LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of (In accordance of this document that the facts)	than the date of filing: Immediately upon filing (OPTION must be specific and cannot be more than five business defined and cannot be more than five business de

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)