

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO. APPLEMINT DADELAND MALL, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OF OFFE DATE

APPLEMINT DADELAND MALL, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

Principal Office Add	lress:	Mailing Address:	
1040 SW 117 CT MIAMI, FL 33184		1040 SW 117 CT MIAMI, FL 33184	
		tered Office, & Registered Agent's	Signature:
business entity with an active. The name and the Floring	ve Florida registration.) rida street address of	Registered Agent. You must designate an individual the registered agent are:	dual or another
business entity with an active. The name and the Floring	rida street address of	Registered Agent. You must designate an individ	dual or another
business entity with an active. The name and the Florage Y	rida street address of	Registered Agent. You must designate an individent the registered agent are:	dual or another 10 DEC 15 TALLANASS
business entity with an active. The name and the Florage Y	rida street address of ENY LEON N 040 SW 117	Registered Agent. You must designate an individent the registered agent are:	dual or another 10 DEC 15 TALLANASSE
The name and the Flor	rida street address of ENY LEON N 040 SW 117	Registered Agent. You must designate an individent the registered agent are: Name	dual or another 10 DEC 15 TALLANASS

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 as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

3055672811

MGRM	YENY LEON 1040 SW 117 CT
	MIAMI, FL 33184
(Use attachment if necessar	y)
T.E.V: Effective date, if other	er than the date of filing: JAN 01, 2011 (OPTIONA

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

YENY LEON Typed or printed name of signee