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Division of Corporations

Fax Number : (850)617-6383

Effective Date 2-23

From:

Account Name : BAND LAW GROUP, P.J.

Account Number : 120090000020 Phone : (941)917-0505

Fax Number : (941)917-0506

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

FLORIDA LIMITED LIABILITY CO. MCN SRQ HOLDINGS, LLC

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### ARTICLES OF ORGANIZATION

MCN SRQ HOLDINGS, LLC a Florida limited liability company

### ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

#### MCN SRQ HOLDINGS, LLC

# ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the place of business of the principal place of business of the principal place of business of the place of business of the principal place of business of the place of the place of

One South School Ave., Suite 500 Sarasota, Florida 34237

# ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Chad L. Gates One South School Ave., Suite 500 Sarasota, Florida 34237

### ARTICLE IV EFFECTIVE DATE

The effective date of filing of these Articles of Organization is February 23, 2011.

Audit# (((H1000049026 3)))

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No. 4550 P. 3

Feb. 23. 2011 3:52PM

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## **ARTICLE V** MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations or Operating Agreement of the Limited Liability Company.

"Authorized Representative"

Audit# (((H1000049026 3)))

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

MCN SRQ HOLDINGS, LLC

2. The name and the Florida street address of the registered agent is:

Chad L. Gates One South School Ave., Suite 500 Sarasota, Florida 34237

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

