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SECRETARY OF STATE
SALLAHASSEF, FI ORIO

D. BRUCE
JUL 0 5 2011
EXAMINER

COVER LETTER

, TO:

Registration Section

Division of	Corporations		
SUBJECT:	MRV PARK IN	VESTORS, LLC	************
	Name of Limited Lia	bility Company	
The enclosed Article	s of Organization and fee(s) are submi	tted for filing.	
Please return all corr	espondence concerning this matter to t	he following:	
	MI CHAEL I	D. Wood	
	Name	of Person	
/	MRV PARK IN	IESTORS, LLC	
	Firm/	Company	
	P.O. Box 146	2	
	A	ddress	
	INVERNESS	FC 34451	
	mwoodzo@+	Company 2 ddress FC 34451 and Zip Code The annual report notification) Annual report notification	£ = 1
	E-mail address: (to be used for futu	re annual report notification)	\$ E -
For further information	on concerning this matter, please call:	ASS	
MICHAE	LP. WOOD at (813, 312-427	
Nar	ne of Person	Area Code & Daytime Telephone Number	- # C
Enclosed is a check	for the following amount:	A	. 4.
\$125.00 Filing Fee	\$130.00 Filing Fee & SI Certificate of Status C (a	Ampabay. Cr. Compression of the control of the cont	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liabil	lity Company is:
MRV PA	RN INVESTORS, LLC
(Must end with the	words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
40703 STEN DADE CITY, FI	VART RD P.O. BOX 1462 33525 INVERNESS, FL 34451
	gent, Registered Office, & Registered Agent's Signature: serve as its own Registered Agent. You must designate an individual or another egistration.)
The name and the Florida stree	et address of the registered agent are:
M	Name P. WOOD PES =
354	Name N. HAMBLETONIAN DELVE AHRY Florida street address (P.O. Box NOT acceptable) NURN ESS, FL 34453 City, State, and Zip
registered agent and agree to a statutes relating to the proper accept the obligations of my	red agent and to accept service of process for the above stated limited ce designated in this certificate, I hereby accept the appointment as act in this capacity. I further agree to comply with the provisions of all r and complete performance of my duties, and I am familiar with and y position as registered agent as provided for in Chapter 608, F.S
Regist	tered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	MICHAEL P. WOOD - 40% 354 N. HAMBLETONIAN DRIVE INVERNESS, FL 34453
MGRM	VINCENT CARTA - 25% 1205 WILLOWICK CIR SAFETY HARBOR, FL 34695
MGRM	RANDY KILGORE - 35% 5462 COMPASS POINTE OXFORD, FL 34484
(Use attachment if necessary)	
	late of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
\mathcal{A}	blewal
	or an authorized representative of a member.
constitutes an affirmation under t I am aware that any false informa	he penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
	as provided for in s.817.155, F.S.) L P. Wood ed or printed name of signee
	ed or printed name of signee
Filing Fees:	Am on

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)