

L11000138260

(Requestor's Name)

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☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

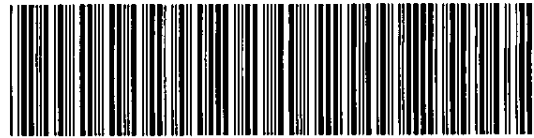
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DEC 8 2011

EXAMINER



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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2011 DEC -6 PM 4: 15

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

11 DEC -6 PM 1: 51

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2011

STEPHANIE MILNES
CSC
TALLAHASSEE, FL

SUBJECT: MARIPOSA, LLC
Ref. Number: W11000061162

RECEIVED FILED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 DEC -8 AM 10:36
PH 1:51
NOT RETURNED
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We have received your document for MARIPOSA, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The existing entity with a similar name is MARIPOSA LTD. CO -- Document Number M05000003105.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 911A00027324



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 015528 4301184

AUTHORIZATION

COST LIMIT \$ 125.00

FILED STATE
SECRETARY OF CORPORATIONS
11 DEC -6 PM 1:51

ORDER DATE : December 6, 2011

ORDER TIME : 1:56 PM

ORDER NO. : 015528-005

CUSTOMER NO: 4301184

RESUBMIT
Please give original
submission date as file date.

DOMESTIC FILING

NAME: MARIPOSA, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes - EXT. 2920

EXAMINER'S INITIALS: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC -6 PM 1:51

ARTICLES OF ORGANIZATION
OF
MJRSMA, LLC

The undersigned, an authorized natural person, for the purpose of forming a limited liability company, under the provisions and subject to the requirements of the Florida Limited Liability Company Act, hereby certifies that:

FIRST: The name of the limited liability company is **MJRSMA, LLC** (the "Company").

SECOND: The mailing address and street address of the principal office of the Company is 555 Theodore Fremd Avenue, Suite B-302, Rye, New York 10580.

THIRD: The name and street address of the registered agent of the Company are:

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in these 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.

CORPORATION SERVICE COMPANY

By: Stephanie Milnes Stephanie K. Milnes
Name: Assistant Vice President
Title:

FOURTH: The Company shall, to the fullest extent permitted by the provisions of the Florida Limited Liability Company Act, as the same may be amended and supplemented, indemnify the members, managers, and officers of the Company.

Dated: December 7, 2011

Mitchell Hollander
Mitchell Hollander
Authorized Representative