Division of Corporation

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Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850) 222-1092 Fax Number : (850)878-5368

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

Email Address:

FLORIDA LIMITED LIABILITY CO. AS MaChai Properties LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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Corporate Filing Menu

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B. BOSTICK

MAR 7 2012

EXAMINER 3/6/2012

https://efile.sunbiz.org/scripts/efilcovr.exe

CT CORPORATION

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COVER LETTER

		COTI	SK DELIEK	
		ion Section of Corporations	•	
SUBJEC	T: ASM	laChai Properties LLC		
		Name of Lim	ited Liability Company	
The enck	osed Artic	les of Organization and fee(s) are	submitted for filing.	
Please ro	turn all co	rrespondence concerning this ma	itter to the following:	
To	erri Scarin	g		
			Name of Person	
Jo	esselson &	Poter		·
			Firm/Company	1
90	400 SW B	eaverton-Hillsdale Hwy., Ste 13	t-A '	
			Address	
Bee	everton, O			
A	'O' I		ty/State and Zip Code	
161	ri@jprlaw		for future annual report notification	0)
For furthe	u informat	tion concerning this matter, pleas	•	
Terri Ses	ring		at (503) 228-1455	· ·
+	N	arne of Person	Area Code & Daytime	Telephone Number
Enclosed	is a chec	k for the following amount:		
		\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	S160.00 Filing Pee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, PL 32314	Street/Conrier Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, PL 3230	ions Procees

PL052 - 93/17/2011 C T Bysects Online

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	s:	
AS MaChai Properties LLC		
(Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liabi	ility Company is:
Principal Office Address:	Mailing Address:	•
9400 SW Beaverton-Hillsdale Hwy	9400 SW Beaverton-Hillsd	ale Hwy
Suite 131	Suite 131-A	
Beaverton, OR 97005	Beaverton, OR 97005	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registeres entity with an ective Florida registration.) The name and the Florida street address of the CT Corporation System	ristered Agent. You must designate as individue	ignature: al or mother ALLAND
Nan	10	
1200 South Pine Island Road		in on the
Florida street a	ddress (P.O. Box NOT acceptable)	The second secon
Plants	tion FL 33324	5
City,	State, and Zip	<u> </u>

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..

C T Corporation System

By:

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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PAGE 03/04

Title: "MGR" = Manager "MGRM" = Managing Men	Name and Address:
MGR	Gregory Funding LLC 9400 SW Beaverton-Hillsdale Hwy., Ste 131 Beaverton, OR 97005
(Use attachment if necessary)
CLEV: Effective date, if other	than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior)
CLE V: Effective date, if other effective date is listed, the date of days after the date of filing. REQUIRED SIGNATURE	than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior)
CLE V: Effective date, if other effective date is listed, the date of filing. REQUIRED SIGNATURE Signature of the constitutes an affirm I am aware that any if	rethan the date of filing:
CLE V: Effective date, if other effective date is listed, the date of filing. REQUIRED SIGNATURE Signature of the constitutes an affirm I am aware that any if	than the date of filing:
CLE V: Effective date, if other effective date is listed, the date of filing. REQUIRED SIGNATURE Signature of the constitutes an affirm I am aware that any if	rethan the date of filing:

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