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Office Use Only

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TÛ:

Registration Section

	of Corporations	
SUBJECT:	MDIA No. 5 Associates,	, LLC
	Name of Limited	d Liability Company
The enclosed Artic	cles of Organization and fee(s) are s	ubmitted for filing.
Please return all co	orrespondence concerning this matte	er to the following:
	Victor L. St	osik
		Name of Person
	Courtelis Co	mpany
		Firm/Company
	703 Waterfor	d Way, Suite 800
		Address
	Miami, Flori	da 33126-4677
	•	/State and Zip Code
	vstosik@cour	
	E-mail address: (to be used for	r future annual report notification)
For further inform	ation concerning this matter, please	call:
Victor	L. Stosik	at (305261=4330
:	Name of Person	Area Code & Daytime Telephone Number
Enclosed is a che	eck for the following amount:	
\$125.00 Filing Fe	e \$\sums\$\\$\\$\$\\$\$130.00 Filing Fee & Certificate of Status	X \$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	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

The name of the Limited Liability Company is	s:
NATA M. T. ACCOCIATES. I	
MDIA No. 5 ASSOCIATES, L	
(Must end with the words 'Limited Liab	pility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
D	26.00
Principal Office Address:	Mailing Address:
703 Waterford Way, Suite 800	703 Waterford Way, Suite 800
Miami, FL 33126-4677	703 Waterford Way, Suite 800 Miami, FL 33126-4677
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the	istered Agent. You must designate an individual or another
Victor L. Stosi	k APR T
Victor L. Stosi	ie
	lav Suite 800
Nam 703 Waterford W	ay, Suite 800
703 Waterford W Florida street a Miami,	ay, Suite 800

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)

Page 1 of 2

MGRM	
	Courtelis VP Devcorp, LLC 703 Waterford Way, Suite 800 Miami, FLC33126-4677
	he date of filing: April 1, 2012 (OPTION
ffective date is listed, the date must days after the date of filing.)	t be specific and cannot be more than five business da
REQUIRED SIGNATURE: Signature of a men	nber or an authorized representative of a member.

Filing Fees:

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

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

Typed or printed name of signee