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SECRETARY OF STALE

J. SAULSBERRY EXAMINER JUN 5 2012

COVER LETTER

TO: 'Registration Section Division of Corpora			
SUBJECT: MRI Prop	erties, LLC		
	Name of Limit	ed Liability Company	-
The enclosed Articles of Orga	anization and fee(s) are	submitted for filing.	•
Please return all corresponder	nce concerning this matt	er to the following:	
Nancy McCa	erthy		
INATICY MICCO	агиту	Name of Person	
		Firm/Company	
3 Desoto Ave	enue		7
		Address	2)12 JUN SECRET
Sorrento Florio	la 32776		ANE SUR THE STATE OF THE STATE
		y/State and Zip Code	SS F
mriprop2@gma		4,00	
	·	or future annual report notification)	9: 36 9: 36 ORIDA
For further information conce	rning this matter, please	e call:	⇒ o
Nancy McCarthy		at (352) 396-4960	
Name of Pers	son	Area Code & Daytime Telep	phone Number
Enclosed is a check for the	following amount:		
	30.00 Filing Fee & ertificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.C	ailing Address gistration Section vision of Corporations D. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: MRI Properties, 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:** 3 Desoto Avenue 3 Desoto Avenue Sorrento, FL 32776 Sorrento, FL 32776 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual of another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

RJ Henderson

Name

3 Desoto Avenue

Florida street address (P.O. Box NOT acceptable)

Sorrento

_{FL} 32776

City, State, and Zip

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..

Registered 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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM Nancy McCarthy 3 Desoto Avenue Sorrento, FL 32776 (Use attachment if necessary) (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Nancy McCarthy Typed or printed name of signee

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)