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(Re	questor's Name)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	-
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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06/21/12--01003--008 **125.00

COVER LETTER

Division of Corporations	•
SUBJECT: MAMC IBEX, LLC	
	ed Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Michael I. Goldberg, Rec	eiver Name of Person
Akerman Senterfitt	radic of Ferson
	Firm/Company
350 E. Las Olas Blvd., #16	00
	Address
Ft. Lauderdale, FL 33301	
Cit	y/State and Zip Code
tvalencia@bermanmortgageinfo	
E-mail address: (to be used t	or future annual report notification)
For further information concerning this matter, please	e call:
Tony Valencia	at (786) 309-6966
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{Certificate of Status}\$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	ie·
MAMC IBEX, LLC	15.
	ability 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:
n/a - use mailing address	350 E. Las Olas Blvd. #1600 Ft. Lauderdale, Fl 33301
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of th	e registered agent are:
Michael I. Goldberg,	Receiver
Nar	me
350 E. Las Olas	s Blvd, #1600
Florida street	address (P.O. Box NOT acceptable)
Et lauderdale	

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF CORPORATIONS
ON IN 21 AM 11: 22

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

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

MAMC Incorporated 350 E. Las Olas Blvd., #1600 Ft. Lauderdale, Fl 33301
350 E. Las Olas Blvd., #1600 Ft. Lauderdale, Fl 33301
Ft. Lauderdale, Fl 33301
of filing: (OPTION
cific and cannot be more than five business da

(In accordance with section 608. \$\int 08(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.)

Michael I. Goldberg, Receiver

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)

12 JUN 21 AM 11: 22