

L12000094122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

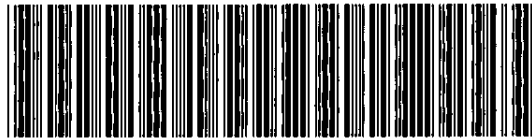
(Business Entity Name)

(Document Number)

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2012 JUL 19 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUL 20 2012

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 07/19/2012

REF. #: 000177.169909

CORP. NAME: MCCI MAYFAIR/JAFFER, LLC

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TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 100145 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
MCCI MAYFAIR/JAFFER, LLC**

The undersigned, being authorized to execute and file these Articles of Organization of MCCI MAYFAIR/JAFFER, LLC (the "Limited Liability Company"), hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

MCCI MAYFAIR/JAFFER, LLC

ARTICLE II — Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

4960 S.W. 72nd Avenue
Miami, Florida 33155

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

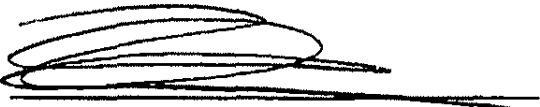
ARTICLE IV — Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

NRAI Services, Inc.
515 Park Avenue
Tallahassee, Florida 32301

ARTICLE VI – Indemnification

The Limited Liability Company shall indemnify and hold harmless its members and managers against any and all claims and demands whatsoever.


Frederic L. Levenson, *Authorized Signatory*

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STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

MCCI MAYFAIR/JAFFER, LLC

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.

NRAI Services, Inc.

By: Katie Wonsch
Print Name: Katie Wonsch
Print Title: Assistant Secretary

Dated: July 19, 2012

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