### Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

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Email Address:

### FLORIDA LIMITED LIABILITY CO. **MEDINA LAND HOLDINGS #3 LLC**

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## H12000193215

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	• •
MEDINA LAND Holdings (Must end with the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
78705W74ST MIAMI FL 33143	SAme
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the remainder of the Register of	ered Agent. You must designate an individual or another agistered agent are:
7870 SW 74 Florida street addi	ress (P.O. Box NOT acceptable)  FL FL 331Y3  te, 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)

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM" = Managing Member

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

MGRM

TIEAMA MEDWA

7870 SW 7457

MIAMI FL BBINS

MERMA

7870 SW 7457

MIAMI FL BBINS

MERMA

7870 SW 7457

MIAMI FL BBINS

MERMA

IXEL MARIE UTSET

7870 SW 7457

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_. (OPTIONAL) (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 affirmed a maware 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.)

RA- 1 Meo 12 A Tr.
Typed or printed name of signee

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