

Division of Corporations

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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6383

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From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
MOUNTAIN VALLEY MUTUAL, LLC**

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| Certificate of Status | 0 |
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**ARTICLES OF ORGANIZATION
OF
MOUNTAIN VALLEY MUTUAL, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is: **MOUNTAIN VALLEY MUTUAL, LLC**

ARTICLE II: - Address

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

**301 West 41st Street
Suite 406
Miami Beach, Florida 33140**

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

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

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

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.

NRAI Services, Inc., Registered Agent

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

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on December 11, 2012.

Michael A. Berke
Michael A. Berke, Authorized Signer

(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.)

Michael A. Berke
Typed or printed name of signer