Division of Corporations **Electronic Filing Cover Sheet**

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(((H12000292238 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

EFFECTIVE DATE 01-01-13

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

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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. MEDINA LAND HOLDINGS MASTER LLC

Certificate of Status Certified Copy 03 Page Count Estimated Charge \$130.00

Electronic Filing Menu Corporate Filing Menu

Help

B. BOSTICK

DEC 1 4 2012

EXAMINER

ARTICLE I - Name:

The name of the Limited Liability Company is:

H12000292238

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MEDINA	LAND	Ho di	ngs	MASTRA	2 LLC		
(Must end v	with the words "Limi	ited Liability Co	mpany, "L.L.C	.," or "LLC.")	, .		
ARTICLE II - Address The mailing address and		of the princip	pal office of	f the Limited I	Liability Com	pany is	s:
Principal Office Addres	S:	<u>M</u>	ailing Add	ress:			
78705W MIAMI F	72 7 C	<u>-</u>		OSWI		· ·	
ARTICLE III - Registe (The Limited Liability Company business entity with an active Fi The name and the Florida	cannot serve as its derida registration.) a street address AUL Florida	own Registered of the register	Agent. You mustered agent	are: T2 DT acceptable)	Ividual granother HASSEE, FLORIDA	12 DEC 13 AM 9: 09	
. ·	MIAN	, FL	<u>. + L</u>	3314	δ.		

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

H12000292238

H12000292238

ARTICLE IV- Manager(s) or Managi The name and address of each Manager	ng Member(s): or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	RAUL MEDINA 7870 SW TY ST MIAMI FL BBIY3
MGR	TLEANA MEDINA 7870 SW 745T MIAMY FL 33143
MGR	7870 EW 7417 MIAMY FL 33143
MGR	IXEL M UTSET 78705W7457 MIAM, FL33143
(Use attachment if necessary) ARTICLE V: Effective date, if other than the de (If an effective date is listed, the date must be s to or 90 days after the date of filing.)	te of filing: 1 (17) (OPTIONAL) pecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
(In accordance with section of this document constitute that the facts stated here	MEDINA Ja SSE 33 FT or printed name of signee
Filing Fees: \$125.00 Filing Fee for Articles of Organiz of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	9: 0

Page 2 of 2