

L12000157575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

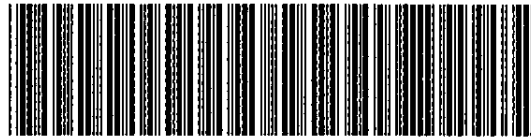
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN
DEC 18 2012
EXAMINER

LISA & SOUSA, Ltd.

ATTORNEYS - AT - LAW
(A PROFESSIONAL CORPORATION)

5 Benefit Street
Providence, Rhode Island 02904
Telephone (401) 274-0600
Facsimile (401) 421-6117

Carl B. Lisa
Louis A. Sousa *
Carl B. Lisa, Jr. *
Rebecca C. Cox *
John J. Poloski, III *
Sandra Sousa *
Thomas E. Romano *

Robert G. Branca, Jr. * †
Eugene A. Amelio *
of Counsel

* (Also Member of Massachusetts Bar)
† (Also Member of District of Columbia Bar)

December 14, 2012

VIA: FEDERAL EXPRESS

Florida Secretary of State
Registration Section, Division of Corporations
2661 W. Executive Center Circle
Clifton Building
Tallahassee, Florida 32301

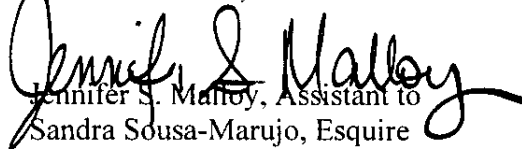
RE: MMM 152, LLC
Our File No. 15687

To the Clerk:

Enclosed please find Articles of Incorporation for the above corporation, along with the filing fee in the amount of \$155.00. I have also enclosed an extra copy for certification by your office and return to me in the self-addressed federal express envelope provided. Thank you.

Very truly yours,

LISA & SOUSA, LTD.


Jennifer S. Malloy, Assistant to
Sandra Sousa-Marujo, Esquire

/jsm
Enclosures

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TALLAHASSEE, FLORIDA

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MMM 152, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra Sousa-Marujo, Esquire

Name of Person

Lisa & Sousa, Ltd.

Firm/Company

5 Benefit Street

Address

Providence, Rhode Island 02904

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Sousa-Marujo, Esq. at 401 274.0600

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MMM 152, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

6820 Lyons Technology Parkway, Suite 100

Coconut Creek, Florida 33073

Mailing Address:

6820 Lyons Technology Parkway, Suite 100

Coconut Creek, Florida 33073

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Malcolm S. Butters

Name

6820 Lyons Technology Circle, Suite 100

Florida street address (P.O. Box **NOT** acceptable)

Coconut Creek

FL

City, State, 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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TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Malcolm S. Butters

8820 Lyons Technology Circle, Suite 100

Coconut Creek, Florida 33073

MGR

Marc Weinstein


8820 Lyons Technology Circle, Suite 100

Coconut Creek, Florida 33073

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Immediately upon 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 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.)

Malcolm S. Butters

Typed or printed name of signer

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)

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