

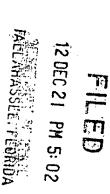
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B. BOSTICK
DEC **2 6** 2012
EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Mediterranean Apartments Acquisition, 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:

Richard L. Allen, Esq.

Name of Person

Solowsky & Allen, P.L.

Firm/Company

915 Miami Center, 201 South Biscayne Boulevard

Address

Miami, FL 33131

City/State and Zip Code

rallen@salawmiami.com

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

For further information concerning this matter, please call:

Richard L. Allen, Esq.

.305

371-2223

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

□ \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:
Mediterranean Apartments Acquisition, L	
(Must end with the wo	ords "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	•
	ddress of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
0404 5 Paul Harbar Br	L 0101 E Poulle by Dr
9101 E. Bay Harbor Dr.	9101 E. Bay Harbor Dr.
Bay Harbor Islands, FL 33154	Bay Harbor Islands, FL 33154
business entity with an active Florida regis	address of the registered agent are:
	er, 201 South Biscayne Boulevard Florida street address (P.O. Box NOT acceptable) FI 33131
915 Miami Cent	er, 201 South Biscayne Boulevard
.	Florida street address (P.O. Box NOT acceptable)
Miami	1. 1 To
	City, State, and Zip
liability company at the place registered agent and agree to a all statutes relating 10 the prop	d agent and to accept service of process for the above stated limited designated in this certificate, I hereby accept the appointment as ct in this capacity. I further agree to comply with the provisions of wer and complete performance of my duties, and I am familiar with y position as registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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

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

Title: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	Mediterranean Apartments, Inc.	
	9101 E. Bay Harbor Dr.	
	Bay Harbor Islands, FL 33154	
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	The state of the s	PM 5: 02
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	14	10
(Use attachment if necessary)		
LE V: Effective date if other than the do	te of filing: (OPTIONAL)	
ffective date is listed, the date must be	specific and cannot be more than five business	dav
or 90 days after the date of filing.)		,
REQUIRED SIGNATURE:		
	\cap \cap	

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.)

Tamara Lawson

Typed or printed name of signce

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)