113000139879

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| |

Office Use Only

EFFECTIVE DATE 10/01



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OCT 0 4 2013 D ERUCE

COVER LETTER

TO:

Registration Section Division of Corporations

JECT: MI SOLUTION REALTY, 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:

| Alejano | Ira Campos | | | |
|-------------------------|---|---|--|------------------|
| | | Name of Person | | |
| Mi Solu | ıtion Realty | | | |
| | | Firm/Company | | |
| 1065 S | Sheridan Blv | d | | |
| - | | Address | | |
| Lakewo | ood, CO 8022 | 6 | 2773 2700 | . 🖼 |
| | Cit | y/State and Zip Code | The state of the s | <u>.</u> |
| alejandra | @misolution.net | | | CT - |
| <u> 4 7</u> | E-mail address: (to be used | for future annual report notification) | 23.5 | ယ် |
| For further information | concerning this matter, please | e call: | | |
| Alejandra | Campos | 303 922-39 | 925 g | 8: 52 8: 52 |
| Name | of Person | Area Code & Daytime Telep | hone Number 1227 | - 10 |
| Enclosed is a check f | or 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 Certificate of S Certified Copy (additional copy is | tatus & |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building | Irola | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | LLC | | |
|--|--|--|---|
| | (Must end with the words "Lin | nited Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - | Address: | | |
| The mailing add | dress and street address | of the principal office of the Limited Lia | ability Company is |
| Principal Offic | e Address: | Mailing Address: | |
| 3505 Lake Lynda D | or, Ste 200 | 1065 S Sheridan Blvd | |
| Orlando, FL 32817 | / | Lakeuraad CO 00006 | |
| Onango, FL 32017 | | Lakewood, CO 80226 | |
| ARTICLE III (The Limited Liabilit | ty Company cannot serve as its | egistered Office, & Registered Agent's own Registered Agent. You must designate an individual | |
| ARTICLE III (The Limited Liability business entity with | ty Company cannot serve as its an active Florida registration.) | egistered Office, & Registered Agent's own Registered Agent. You must designate an individual | |
| ARTICLE III (The Limited Liability business entity with | ty Company cannot serve as its an active Florida registration.) | egistered Office, & Registered Agent's own Registered Agent. You must designate an individual of the registered agent are: | dual or another |
| ARTICLE III - (The Limited Liabilit business entity with | ty Company cannot serve as its an active Florida registration.) he Florida street address | egistered Office, & Registered Agent's own Registered Agent. You must designate an individ | dual or another |
| ARTICLE III (The Limited Liability business entity with | ty Company cannot serve as its an active Florida registration.) he Florida street address | egistered Office, & Registered Agent's own Registered Agent. You must designate an individual soft the registered agent are: Name | dual or another 200 OCT -3 |
| ARTICLE III (The Limited Liability business entity with | ty Company cannot serve as its an active Florida registration.) the Florida street address Alejandra Campos 3505 Lake Lynda Dr. Str | egistered Office, & Registered Agent's own Registered Agent. You must designate an individual soft the registered agent are: Name | dual or another 200 OCT -3 AM CASSETANY OF A LAHASSEE FI |
| ARTICLE III - (The Limited Liabilit business entity with | ty Company cannot serve as its an active Florida registration.) the Florida street address Alejandra Campos 3505 Lake Lynda Dr. Str | egistered Office, & Registered Agent's own Registered Agent. You must designate an individual of the registered agent are: Name | dual or another 200 OCT -3 |

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)

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Alejandra Campos 1065 S Sheridan Blvd Lakewood, CO 80226 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 10/1/2013 (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 state constitutes a third degree felony as provided for in s.817.155, F.S.)

Alejandra Campos

Typed or printed name of signee

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)