# 113000/53019

(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:				
OCT 3 0 2013				
A. LUNT				



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10/28/13--01005--030 \*\*160.00



Office Use Only

(850) 245-6051.

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: MHUS RES LLC  Name of Limited Elability Company					
The enclosed Articles of Organization and fee(s) are submitted for filing.	2813				
Please return all correspondence concerning this matter to the following:	LEE BOT				
HARRY KATZEN Name of Person	23 15.55 15.				
Name of Person					
MHUS RES, LLC					
Firm/Company					
ONE SOUTH DRANGE AVENUE, SUITE	404				
Address					
ORLANDO, FL 32801 City/State and Zip Code					
City/State and Zip Code  THERESA @ MARKAYMANABEMENTING, COM  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
HIRSH KATZEN at (407) 492-1274  Name of Person Area Code & Daytime Telephone Number	<del></del>				
Enclosed is a check for the following amount:					
(additional copy is enclosed) Certified C	of Status &				

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 Liability Company is:					
MHUS RES, 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 is:					
Principal Office Address: Mailing Address:					
MHUS RES, LLC ONE SOUTHORANGE AVE #404 ORLANDO, PL 32801  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:					
TREVOR ARNOLD  Name					
301 F. PineSt. Scite 1400					
Florida street address (P.O. Box NOT acceptable)					
Or lando, FL 32802 32901 City, State, and Zip					
Having been named as registered agent and to accept service of process for the above stated limited					

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)

Page 1 of 2

<b>ARTICLE</b>	IV.	Manager	(8)	٥r	Manas	ging	Membe	er(s	١:
MILLOR	T 4	145 er 11 er 5 er 1	3,	OI	(viana)	21112	TATCHING	~ II ( 2)	,.

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	M AND H UNIVERSITY SHOPPES LTD, LLLP ONE SOUTH ORANGE AVE #404 5 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
•	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: OCTOBER 1, 2013. (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.)

Harry Katzen
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)