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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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TALLAHASSET FLORIDA

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DEC 1 3 2019 T. HAMPTON (850) 245-6051

COVER LETTER

TO:

Registration Section Division of Corporations

Middle Village SPE Holdings, 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:

James Perry

Name of Person

GMS Property Management, LLC

475 West Town Place, Suite 114

St. Augustine, Florida 32092

City/State and Zip Code

jperry@govmgtsvc.com

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

For further information concerning this matter, please call:

James Perry

Name of Person

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

Hopping Green & Sams

Attorneys and Counselors

December 11, 2013

Via Overnight Delivery

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Middle Village SPE Holdings, LLC – Articles of Organization

Dear Sir or Madam:

Please find enclosed two copies of the forms for Middle Village SPE Holdings, LLC Articles of Organization. Also enclosed is a check in the amount of \$160.00 to cover the filing fee, certificate of status and certified copy. Please return the certificate of status and certified copy to me in the enclosed prepaid UPS return envelope.

Should you have any questions or concerns, please do not hesitate to contact me at 425-3438. Thank you for your assistance in this matter.

Sincerely,

Amy H. Jaskolski

Paralegal

Enclosures

Post Office Box 6526 Tallahassee, Florida 32314 119 S. Monroe Street, Suite 300 (32301) 850.222.7500 850.224.8551 fax www.hgslaw.com

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	e: nited Liability Company	ris:
Middle Village SPE Holdl		
(Must	t end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Add	ress:	
		e principal office of the Limited Liability Company is
Principal Office Ad	ldress:	Mailing Address:
	مالي ما المالية	475 West Town Place, Sulte 114
475 West Town Place, St	UITE 174	473 Wast 10MITTIGG, Suite 114
St. Augustine, Florida 320	992	St. Augustine, Florida 32092
ARTICLE III - Reg (The Limited Liability Combusiness entity with an act	gistered Agent, Register that the pany cannot serve as its own R tive Florida registration.) orida street address of the pany cannot serve the pany cannot serve the pany cannot be provided that the pany cannot be provided the pany cannot be provided that the pany cannot be provided to the pany cannot be provided that the pany cannot be provided to the pany cannot be pany cannot be provided to the pany cannot be pany cannot be provided to the pany cannot be p	St. Augustine, Florida 32092 Fred Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
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ARTICLE III - Reg (The Limited Liability Combusiness entity with an act The name and the Flo	gistered Agent, Registe upany cannot serve as its own R tive Florida registration.) orida street address of the lames Perry Na 175 West Town Place. Suite 1	St. Augustine, Florida 32092 Fred Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:

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

2013 DEC 12 AMIL: 05

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address; "MGR" = Manager "MGRM" = Managing Member MGR GMS Property Management, LLC 475 West Town Place, Suite 114 St. Augustine, Florida 32092 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of 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.)

141055119

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certifleate of Status (Optional)