

Division of Corporations Electronic Filing Cover Sheet

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ro:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305) \$34-3694

Fax Number

: (305)633-9696

\*\*Enter the amail address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## FLORIDA LIMITED LIABILITY CO. LRET-PERC, LLC

Certificate of Status	0
Certified Copy	
Page Count	03
Estimated Charge	\$155.00

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T. Burch DEC 2 6 2013

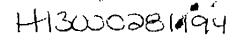
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EMPIRE CORP

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# (v)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ords "Limited Liability Company, "LLC," or "LLC.")  Indeed Liability Company  Mailing Address:  169 East Flagler Street  Penthouse  Miorni, Florida 33131	is:
Mailing Address:  169 East Flagler Street Penthouse	is:
Mailing Address:  169 East Flagler Street Penthouse	is:
169 East Flagler Street Penthouse	
Penthouse	
Miami, Florida 33181	
address of the registered agent are:	13 OEC 23
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	ve as its own Registered Agent. You must designate an individual or mother testion.)  uddress of the registered agent are:

flaving 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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EMPIRE CORP

H15000081194

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

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

MGRM	LRET-HOLDING, LLC		
	189 East Flagler Street, Penthouse		
	Mami, Florida 33131		
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(Use attachment if necessary)			ယ
LE V: Effective date, if other than th	and an of Stimes, temporal 1 Style	(OPTIO)	LFAY

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.)

Elliott Harris, Authorized Representative

Typed or printed name of signee

Filing Fors:

\$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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