0001764 Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305)634-3694

Fax Number

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

Email Address:

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FLORIDA LIMITED LIABILITY CO. LRET-TAMLAMI, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Electronic Filing Menu Corporate Filing Menu

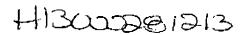
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compan	y is:	
LITET-TAMIAMI, LLC (Must end with the words "Limited	Liability Company, "LLC," or "LLC.")	<u>-</u> -
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:	\$ P=.3
169 East Flagler Street	169 East Flagler Street	
Penthouse	Penthouse	
Mami, Florida 33131	Mlami, Florida 33131	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	Registered Agent, You must designate en individue	ignature:
The name and the Florida street address of	the registered agent are:	<u> </u>
Elliott Harris, Esq.		
7	lame	
111 SW 3 Street, 6th Poor		
Florida stro	et address (P.O. Box NOT acceptable)	
Miami, FL 33130	FL	
Cit	ty, State, and Zip	

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)

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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, Perithquae Mierni, Florida 33131	
		<u>- 12 17 </u>
		·

(Use attachment if necessary)		
LE V: Effective date, if other th	an the date of filing: January 1, 2014	(OPTIONA

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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 purjury 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 Fees:

REQUIRED SIGNATURE:

\$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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