

Division of Corporations

Page 1 of 2

L14000002385
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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 Fax Number : (850) 617-6383

From: Account Name : JOHN L. TOMLINSON
 Account Number : I19980000017
 Phone : (954) 771-9336
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**FLORIDA LIMITED LIABILITY CO.
 MB1407, LLC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$125.00

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p.1

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January 3, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JOHN L. TOMLINSON

SUBJECT: MB1407, LLC
REF: W14000000433

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt
Regulatory Specialist II

FAX Aud. #: H14000000992
Letter Number: 614A00000173

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Articles of Organization

ARTICLE I - NAME

The name of this Limited Liability Company is MBI407, LLC

ARTICLE II - PRINCIPAL OFFICE

The street address of the initial principal office of this Limited Liability Company is:

500 NW 62nd Street
Suite 210
Fort Lauderdale, FL 33309

The mailing address of the initial principal office of this Limited Liability Company is:

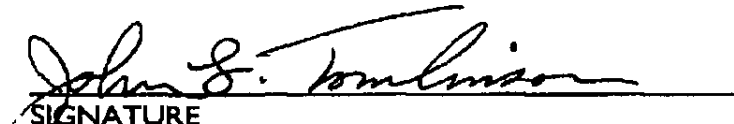
500 NW 62nd Street
Suite 210
Fort Lauderdale, FL 33309

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and street address of the registered agent are:

John L. Tomlinson, CPA
500 NW 62nd Street, Suite 210
Fort Lauderdale, FL 33309

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 the 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 in Chapter 605, F.S.


SIGNATURE
(Resident Agent's Signature)

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STATE OF FLORIDA
TALLAHASSEE

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ARTICLE IV - MANAGEMENT

The name and address of each person authorized to manage and control the Limited Liability Company are:

Title

Authorized Member

Name and Address

Mehmet Bulent Akinci
500 NW 62nd Street, Suite 210
Fort Lauderdale, FL 33309

ARTICLE V - DURATION

This Limited Liability Company shall have perpetual existence commencing on the date of the filing of these Articles with the Department of State.

ARTICLE VI - PURPOSE

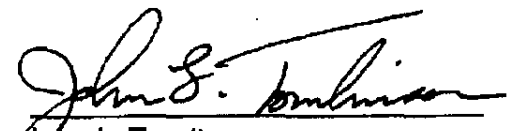
This Limited Liability Company is organized for the purpose of transacting any or all-lawful business.

ARTICLE VII - PRE-EMPTIVE RIGHTS

Every member, upon the sale for cash of any additions to Capital Accounts of the Limited Liability Company shall have the right to purchase his prorata economic interest thereof at a price at which it is offered to others.

ARTICLE VIII - INDEMNIFICATION

The Limited Liability Company shall indemnify and hold harmless any manager or member to the full extent permitted by law.


John L. Tomlinson
Signature of an authorized representative of the member

1/2/2014
Date

(In accordance with section 605.0203(1) (b), 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.)

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