

FAX AUDIT NO.: H14000094481 3

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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 : MICHAEL J. FREEMAN, P.A.
Account Number : 072720000142
Phone : (305) 442-1567
Fax Number : (305) 442-1227

Enter the email 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.
MEDICI 529 LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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J. HARRIS

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TALLAHASSEE, FLORIDA

14 APR 21 AM 8:21

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DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MEDICI 529 LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 153 Sevilla Avenue
Coral Gables, FL 33134

Mailing Address: P.O. Box 140668
Coral Gables, FL 33114

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

M.J.F. Registered Agent Corp.
Name

153 Sevilla Avenue
Florida Street Address (No P.O. Box)

Coral Gables, FL 33134
City, State, and Zipcode

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 605, F.S..


Registered Agent's Signature
(Michael J. Freeman, President)

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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:

Title:

"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

AMBR

Michael J. Freeman, Trustee of the
First Restated John M. Peterman and
Catherine M. Peterman Irrevocable
Trust dated September 16, 2008 and
amended on October 10, 2008
P.O. Box 140668
Coral Gables, FL 33114-0668

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member
(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.)

Michael J. Freeman, trustee of the First Restated John M. Peterman and
Catherine M. Peterman Irrevocable Trust dated September 16, 2008 and
amended on October 10, 2008

Type or print name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization & Designation of Registered Agent
\$30.00 Certified Copy (Optional)
\$5.00 Certificate of Status (Optional)

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