# L14000130467

(Requestor's Name)		
(Address)		
(Address)		
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



800263279678

TO KOKKOW ESSE

AND STATES OF THE REAL OF THE STATES OF THE

TILED

2011 AUG 19 A III 26

COCCUTATION OF STATE

B. BOSTICK AUG 2 0 2014

年Mi2Mi2Mi年段



ACCOUNT NO. : 120000000195

REFERENCE: 263156 5011226

AUTHORIZATION 5

COST LIMIT : \$ 160.00

ORDER DATE: August 19, 2014

ORDER TIME : 3:40 PM

ORDER NO. : 263156-005

CUSTOMER NO: 5011226

#### DOMESTIC FILING

NAME: MAEBELL II MEMBER, LLC

#### EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX\_\_\_\_ CERTIFIED COPY PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I Name

The name of this Limited Liability Company is:

Maebell II Member, LLC

### ARTICLE II Address

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

10501 South Orange Avenue, Suite 105 Orlando, FL 32824

## ARTICLE III Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

#### ARTICLE IV Initial Board of Managers

This Limited Liability Company shall have one (1) manager initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be fewer than one.

The name and address of the initial manager of this Limited Liability Company are as follows:

Name Street Address

Johnnie Rivers IV 10501 South Orange Avenue, Suite 105

Orlando, FL 32824

# ARTICLE V Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Johnnie Rivers IV 10501 South Orange Avenue, Suite 105 Orlando, FL 32824

Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.

REGISTERE AGENT'S SIGNATURE

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 in Section 817.155, Florida Statutes.

AUTHORIZED REPRESENTATIVE'S SIGNATURE

Johnnie Rivers IV, Authorized Representative
Type or printed name of signee

\120803\1 · # 7643898 v2