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15 JAN 16 AM II: 31 SECRETARY OF STATE TALLAHASSEE, FLORID.

JAN 29 7015

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJI	ECT: Del Ray Mi, LLC Name of L	imited Liability Company	
The en	closed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this	matter to the following:	
	Robert Lees	Name of Person	
		Firm/Company	
	2266 S. Monroe Street	Address	7944
		Address	
	Denver, CO 80210		
		City/State and Zip Code	
<u>ba</u>	bb@leescpa.com E-mail address: (to be us	sed for future annual report notifica	ntion)
For fur	ther information concerning this matter, pl	ease call:	
<u>Rober</u>	t Lees at (Name of Person	(303) 639-1040 Area Code Daytime Te	lephone Number
	Thank of Fullow		···
Enclos	ed is a check for the following amount:	, , , , , , , , , , , , , , , , , , ,	
☑ \$125.0	00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Add	ress
	Registration Section Division of Corporations	Registration Section Division of Corporat	tions
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Cent	ter Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLESOF ORGANIZATION FOR	CELORIDA LIMITED LIABILITY CO	JULIFAINT
ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Del Ray Mi, LLC	ed Liability Company, "L.L.C.," or	
(Musi end with the words Limite	ed Liability Company, L.L.C., or	LLC.)
ARTICLE II - Address:		
The mailing address and street address of the principal	office of the Limited Liability Con	npany is:
Principal Office Address:	Mailing Address:	
2266 S. Manron Stroot	P.O. Box 100791	
2266 S. Monroe Street Denver, CO 80210	Denver, CO 80250	

ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own another business entity with an active Florida registrat.) The name and the Florida street address of the registered active in the registered cannot be supported by the registered active in the registered cannot be registered as a support of the registered cannot be registered as a support of the registered cannot be registered as a support of the registered cannot be registered as a support of the registered cannot be registered as a support of the registered cannot be registered as a support of the registered cannot be regist	vn Registered Agent. You must des ion.)	
-	VII 18011 1107	
Mary Andre Nan	ne	
ivan	no.	
8147 Cosica Blvd.		
Florida street address (P.O. B	ox <u>NOT</u> acceptable)	
Navarre	FL 32566	
City	Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby acceptacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the experiments. Characteristic Registered Agent's Sgr	ept the appointment as registered ag ns of all statutes relating to the propo- publigations of my position as registed apter 605, F.S	gent and agree to act in this er and complete performance
\cup		ASS 1
(CONTIN	(UED)	55
Page I o	vf2	15 JAN 16 A ECRETARY O
		AMIL: 31

MBR" = Authorized Member IGR" = Manager MBR MBR	Robert Lees P.O. Box 100791 Denver, CO 80250 Kathleen B. Lees P.O. Box 100791 Denver, CO 80250
IGR" = Manager MBR MBR	P.O. Box 100791 Denver, CO 80250 Kathleen B. Lees P.O. Box 100791 Denver, CO 80250
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	P.O. Box 100791 Denver, CO 80250
	P.O. Box 100791 Denver, CO 80250
	Denver, CO 80250
se attachment if necessary)	
VI: Other provisions, if any.	
COURDED SICNATURE.	
MUINED SIGNATURE.	
TO + 7	
Tolert Ze	1
	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 pena l am aware that any false information sul	Ities of perjury that the facts stated herein are true. Somitted in a document to the Department of State
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