

L15000018973

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TALLAHASSEE, FLORIDA

J. Stivers FEB 02 2003

ACCOUNT NO. : I20000000195

REFERENCE : 483369 7698889

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 125.00

ORDER DATE : January 29, 2015

ORDER TIME : 9:12 AM

ORDER NO. : 483369-005

CUSTOMER NO: 7698889

DOMESTIC FILING

NAME: MPG-VENICE, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FLORIDA

Jan: 29. 2015 11:09AM

FAX # No. 00647 P. 1/356

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MPG-Venice, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cathy Newkirk

Name of Person

TEM, LLC

Firm/Company

6321 Daniels Parkway Suite 200

Address

Fort Myers, FL. 33912

City/State and Zip Code

cathy@theriacenterprises.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cathy Newkirk

at 239- 936-1904

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 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

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MPG-Venice, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:**Mailing Address:**6321 Daniels Parkway Suite 200
Fort Myers, FL. 339126321 Daniels Parkway Suite 200
Fort Myers FL. 33912**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Cathy Newkirk

Name

6321 Daniels Parkway Suite 200Florida street address (P.O. Box NOT acceptable)Fort MyersFL 33912

City

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 605, F.S..

TEM, LLC

By: Cathy Newkirk

Registered Agent's Signature (REQUIRED)

Cathy Newkirk

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

TEM, LLC

6321 Daniels Parkway Suite 200

Fort Myers, FL 33912

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

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.)

Daniel E Dosoretz, Managing Member of TEM, LLC, the Manag
Typed or printed name of signee

Filing Fees:

\$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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TALLAHASSEE, FLORIDA