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To:

Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC

Account Number : 120000000019

Phone Fax Number : (305)552-5973 : (305)675-5944

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FLORIDA LIMITED LIABILITY CO. MFMM DEVELOPERS, LLC

Certificate of Status	1		
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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
MFMM Deve LOP (Must end with the words "Lim	OCRS, LLC aited Liability Company, "LL.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address;
12405 NE 6th Ave Nue Nonth Minni FL 33/61	NOOTH MINNI, FL 33/61
ARTICLE III - Registered Agent, Registered Offi (The Limited Liability Company cannot serve as its of another business entity with an active Florida registr	own Registered Agent. You must designate an individual and ration.)
The name and the Florida street address of the regist	tered agent are:
MIKE GAR	
N	Tame 71.
12405 NE 6	M ANEXUR TO E
Florida street address (P.O.	Box NOT acceptable)
	Box NOT acceptable) FL 33161

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 standes relating to the proper and complete performance of my duttes, and I am familiar with and accept the observations of my position as registered agent as provided for in

Registered Agent's transure (REQUIRED)

CONTINUED)

Page 1 of 2

H 1 5 0 0 0 0 3 5 8 5 9

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:	_
ALCIANDRO M ERLITZ (AMBR) VERONICA S. CAZUMIT (MGR)	12405 NE 6th ANENJE NORTH HIAMI FL 33161	_
Veronica S. Calumit (MGR)	12405 NE 6th AVENUE NORTH MINN: FL 33161	- - -
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and		 • 90 days at
ete of filing.) CLE VI: Other provisions, if any.		2015
REQUIRED SIGNATURE:	HASSEE	11 BB 1 A
Signature of a member or	an authorized representative of a member.) (b), Florida Statutes, the execution of this document alties of penjury that the facts stated herein are true.	44 IO: 44

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