

#2/13/2015 1:01:12 PM -0500 POWERED BY ONCAFAX PAGE 1 OF 1
L15000027814
2/13/2015 Division of Corporations

Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
MRSKJA LLC

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February 13, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: MRSKJA LLC
REF: W15000010784

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

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Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H15000036832
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15 FEB 13 AM 10:00
BUREAU OF CORPORATIONS
INFORMATION SERVICES

P.O BOX 6327 - Tallahassee, Florida 32314

H15000036832

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MRSKJA 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:

465 Sabal Way
Weston, FL 33326

465 Sabal Way
Weston, FL 33326

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:

Kevin Aubuchon

Name

465 Sabal Way

Florida street address (P.O. Box NOT acceptable).

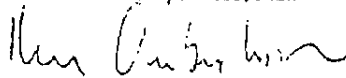
Weston

FL 33326

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.



Registered Agent's Signature (REQUIRED)

Kevin Aubuchon

(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

AMBR

Name and Address:

Kevin Aubuchon

465 Sabal Way

Weston, FL 33326

(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:

Henry C. Anderson

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.)

Kevin Aubuchon

Typed or printed name of signee