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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BEGGS & LANE
Account Number : I20020000155
Phone : (850) 432-2451
Fax Number : (850) 469-3331

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: lic@flowersdavis.com

FLORIDA LIMITED LIABILITY CO.
MVD Mezz Lender, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name

The name of the Limited Liability Company is MVD Mezz Lender, LLC

ARTICLE II - Address

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

4710 Kinsey Drive, Suite 200
Tyler, Texas 75703

ARTICLE III - Duration

The period of duration of the Limited Liability Company shall be indefinite.

ARTICLE IV - Management

The Limited Liability Company is to be managed by one or more managers in accordance with the Limited Liability Company's Operating Agreement.

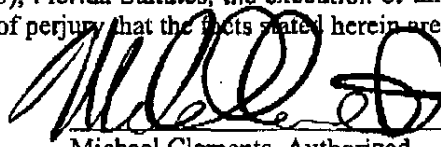
ARTICLE V - Registered Agent

The name and street address of the initial registered agent of the Limited Liability Company are:

C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

In accordance with section 605.0205(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

7/8/2015
Dated



Michael Clements, Authorized
Representative of a Member

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REGISTERED AGENT ACCEPTANCE

Having been named as registered agent and to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of section 605.0113, Florida Statutes, 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.

C T Corporation System

7/8/2015
Dated

By: Connie Bryan

Name: Connie Bryan

Title: Assistant Secretary

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TALLAHASSEE, FLORIDA**

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