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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

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

Email Address:

## FLORIDA LIMITED LIABILITY CO. Morris/Larsen, LLC

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\$125.00

AUG 1 0 2015

S. GILBERT

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Corporate Filing Menu

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	egistration Section vision of Corporations		
SUBJECT	Morris/Larsen, LLC		
SUBJECT		imited Liabili	у Сотрапу
The englos	ad Autialaa affirmulimitaa and finta	man makanilatani	For 63:
	ed Articles of Organization and fee(s)		_
Please retu	m all correspondence concerning this r	matter to the fo	NIOWING:
	Daniel E. Beederman		
		Name of	Person
	Schoenberg, Finkel, Newman & Ros	enberg, LLC	
		Firm/Co	npany
	222 S. Riverside Plaza, Suite 2100		
		Addre	333
	Chicago, IL 69606		
		City/State and	Zip Code
-	daniel.beederman@sfnr.com E-mail address: (to be us	ad for Survey as	anna an an i Sanata - N
Day Bashas Is			ween report notification)
ror intinet ii	formation concerning this matter, plea	ise call:	
	Deniel Beederman at (	312 ————	648-2300
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fi	ing Fee \$\frac{1}{2}\$130.00 Filing Fee & Certificate of Status	LCertific	Silling Fee & Silling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	 	Street Address New Filing Section Division of Corporations Clifton Building 266) Executive Center Circle Tullahassee, FL 32301

15 AUG 10 AM 7: 52

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ARTICLES O	FORGANIZATION FOR I	FLORIDA LIMITED I	LIABILITY COMPANY	
ARTICLE 1 - Name: The name of the Limited Liabili	ty Company is:			THE PROPERTY OF THE PARTY OF TH
Morris/Larsen, LLC (Must end	with the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street t	ddress of the principal of	ffice of the Limited 1	Liability Company is:	
<u>Princh</u>	nal Office Address:		Mailing Add	iezi:
222 S. Riverside Pla	28	222 9	. Riverside Plaza	
Suite 2100			2100	
Chicago, IL 60606	· · · · · · · · · · · · · · · · · · ·	Chies	igo, 1L 60606	
(The Limited Liability Companianother business entity with an The name and the Florida street	active Florida registratio	n.) agent are: em		
		Name		
	1200 South Pine Islan	nd Road		
	Florida street address	(P.O. Box NOT ac	ceptable)	
	Plantation	FL FL	33324	
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the p am familiar with and accept the o	, I hereby accept the appo rovisions of all statutes re	iniment as registered lating to the proper o	d agent and agree to act and complete performan s provided for in Chapte	in this capacity. I ce of my duties, and I r 605, F.S
		- Km8 m		nnie Bryan
	Registe	red Agent's Signatu	REQUIREDUS S	ant Secretory

(CONTINUED)

Page 1 of 2

MGR" = Managor AGR	
<u> </u>	Donald E. Morris
<del></del>	620 Newport Center Dr., Suite 1000
	Newport Beach, CA 92660
MGR	Barrett R. Morris
<del></del>	620 Newport Center Dr., Suite 1000
	Newport Beach, CA 92660
IV: Effective date, if other than the date of fi ctive thate is listed, the date must be specific f filing.) the date inserted in this block does not meet	ling: (OPTIONAL) c and cannot be more than five business days prior to or 9 the applicable statutory filing requirements, this date will no
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