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(((H150002207023)))



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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094

Phone : (770)777-2091

Fax Number

: (770)220-1943

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

Email Address:

## FLORIDA LIMITED LIABILITY CO. LF2 MCP Outparcel GP LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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S. GILBERT

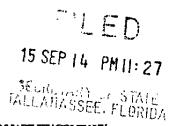
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: <u>LF2 MCP OUTPARCEL GP LLC</u> 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:
Sharon K. Grav Name of Person
Tried Professional Services, LLC Firm/Company
1720 Windward Concourse, Ste. 390 Address
Alpharetta, GA 30005  City/State and Zip Code
ibaden@triadpros.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Sharon K. Grav at (770 ) 777-2091  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\Begin{align*} \Boxed{1} \\$125.00 \text{ Filing Fee & } & \Boxed{1} \\$155.00 \text{ Filing Fee & } & \Boxed{1} \\$160.00 \text{ Filing Fee, } \ Certificate of \text{ Status & } \ Certified \text{ Copy } & \text{ Certified Copy } \ (additional copy is enclosed) \end{align*}
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



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Limbility Company is:	
_	
LF2 MCP OUTPARCEL GP LLC  (Must and with the smoots "T init	ted Liability Company, "L.L.C.," or "LLC.")
(with the words Limit	ico clausity Company, "Libror, or LDC.")
ARTICLE II - Address: The mailing address and street address of the principa	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
400 Ciemetis Street	2B51 John Street
Suite 201	Suite One
West Palm Beach, FL 33401	Markham, Ontario L3R 5R7
another business entity with an active Florida registra  The name and the Florida street address of the register	<b>-</b>
NRAI Services, Inc.	me
4000 County Directors Aller	
<u>1200 South Pine Island Ro</u> Florida street address (P.O. E	
Plantation	III 22224
City	FL 33324 Zip
the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the Charles Registered Agent's Signature of the Regi	
(CONTIN	(UED)
Page 1 c	<b>.</b> 0

Citle:	Name and Address:
AMBR" = Authorized Member	<del></del>
'MGR" = Manager	
MGR	Jeffrey W. Preston
	400 Clematia Street, Sta. 201
	West Palm Beach, FL 33401
MGR	Robert S. Green
	2851 John Street, Suite One
	Markham, Ontario L3R 5R7
	HOUSE OF AUTOLO CALLACT
MGR	Peter Brock
	4650 Donald Ross Road, Suite 200
	Palm Beach Gardens, FL 33418
	Talli Valadi Saladia I. 2007 io
Use attachment if necessary)	
EV: Effective date, if other than the dat extive date is listed, the date must be s	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or
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Page 2 of 2

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