

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

15 SEP 15 PM 2:03
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.
LF2/MCP Outparcel LLC**

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

FILED
15 SEP 15 PM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LF2 MCP OUTPARCEL LP
2851 John Street
Suite One
Markham, Ontario L3R 5R7

September 10, 2015

**Florida Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314**

Re: Formation of LF2/MCP Outparcel LLC

Ladies and Gentlemen:

The undersigned hereby consents to the use of the name "LF2/MCP Outparcel LLC" in connection with the formation of LF2/MCP Outparcel LLC in the State of Florida.

LF2 MCP Outparcel LP

**By: LF2 MCP Outparcel GP LLC,
its general partner**

**By: _____
Name: Robert S. Green
Title: Manager**

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**Approved
for Execution**

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LE2/MCP OUTPARCEL LLC
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. Gray
Name of Person

Triad Professional Services, LLC
Firm/Company

1720 Windward Concourse, Ste. 390
Address

Alpharetta, GA 30005
City/State and Zip Code

jhaden@triadpross.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon K. Gray at (770) 777-2091
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|--|---|

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

FILED

15 SEP 15 PM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LF2/MCP OUTPARCEL 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:

400 Clematis Street
Suite 201
West Palm Beach, FL 33401

2851 John Street
Suite One
Markham, Ontario L3R 6R7

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.)

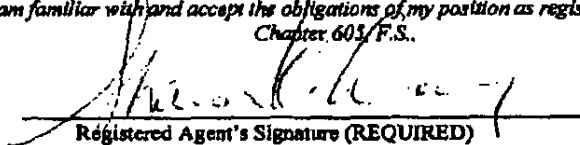
The name and the Florida street address of the registered agent are:

NRAI Services, Inc.
Name

1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)

Plantation FL 33324
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 603, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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The name and address of each person authorized to manage and control the Limited Liability Company:

Bryan P. King
1071 W. Morse Blvd., Ste 200.
Winter Park, FL 32789

ARTICLE VI: Other provisions, if any.

Typed or printed name of signer

Approved
for Execution