

LF000160143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

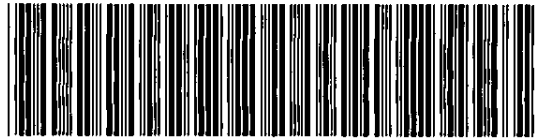
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Filed per Gina
merger handed to
Diane
9.22.15

Office Use Only



600277133246

09/17/15--01001--021 **150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 SEP 16 PM 2:21

RECEIVED
2015 SEP 16 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 22 2015

T SCHROEDER

MIAMI-DADE LEASING TRUST-III-B

111 NW First Street, 28th Floor

Miami, Florida 33128

Phone: (305) 375-5147

Fax: (305) 375-5659

September 22, 2015

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

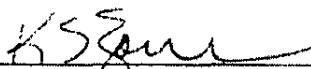
Re: Formation of Miami-Dade Leasing III-B, LLC

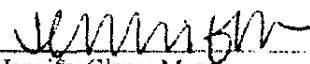
Ladies/Gentlemen:

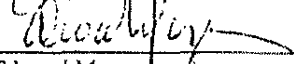
The Miami-Dade Leasing Trust-III-B, acting thorough all of its Trustees as well its Certificate Holder, hereby consents to the formation of Miami-Dade Leasing III-B, LLC and the use of the name Miami-Dade Leasing III-B, LLC.

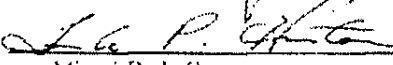
Please do not hesitate to contact us should you have any questions or require anything further.

Very truly yours,

Signature: 
Printed Name: The Bank of New York Mellon Title: Sublessee Trustee

Signature: 
Printed Name: Jennifer Glazer-Moon Title: Sublessee Trustee

Signature: 
Printed Name: Edward Marquez Title: Sublessee Trustee

Signature: 
Printed Name: Miami-Dade County Title: Certificate Holder



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2015

CT

SUBJECT: MIAMI-DADE LEASING TRUST-III-B, LLC
Ref. Number: W15000061444

We have received your document for MIAMI-DADE LEASING TRUST-III-B, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

DECLARATION OF TRUSTS MAY NOT CONVERT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Terri J Schroeder
Regulatory Specialist II

Letter Number: 615A00019650

RE-SUBMIT
Please retain original filing
date of submission 9/17

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Frank P. Hinton

111 NW First Street, Suite 2550

Miami, Florida 33128

15 SEP 16 PM 2:21

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Frank P. Hinton, Director, Division of Bond Administration

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)