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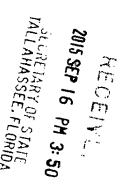
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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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: 45 June	
Printed Name: The Bank of New York Mellon	Title: Sublessee Trustee
Signature: JUMM KW	
Printed Name: Jennifer Glazer-Moon	Title: Sublessee Trustee
Signature: Wicality	
Printed Name: Edward Marquez /	Title: Sublessee Trustee
Signature: La P. A.	
Printed Name: Miami-Dade County	Title: Certificate Holder



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 aung

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Miami-Dade Leasing III-B, LLC (Must end with the words "Lin	mited Liability Company, "L.L.C.," or "LLC.")	_
ARTICLE II - Address:		
The mailing address and street address	s of the principal office of the Limited Liability	/ Company is:
Principal Office Address:	Mailing Address:	
111 NW First Street, Suite 2550	111 NW First Street, Suite 2550	
Miami, Florida 33128	Miami, Florida 33128	
(The Limited Liability Company cannot serve as its husiness entity with an active Florida registration.) The name and the Florida street address David Stephen Hope,	ss of the registered agent are:	another 15 SEP I
	Name	- 6 8작
111 NW First Street, 2	28th Floor	PAR REPORT
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	2: 2
Miami	FL 33128	
City	Zip	
liability company at the place desi registered agent and agree to act in th statutes relating to the proper and c	tent and to accept service of process for the aborignated in this certificate. I hereby accept the aphis capacity. I further agree to comply with the complete performance of my duties, and I am faition as registered agent as provided for in Chap	ppointment as provisions of all miliar with and

(CONTINUED)

Page 1 of 2

<u>Γitle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Frank P. Hinton
	111 NW First Street, Suite 2550
	Miami, Florida 33128
	
	<u> </u>
	——————————————————————————————————————
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	2
E V: Effective date, if other than the ective date is listed, the date must days after the date of filing.)	e date of filing: (OPTIONAL be specific and cannot be more than five business
ective date is listed, the date must lays after the date of filing.)	be specific and cannot be more than five business the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the cetive date is listed, the date must lays after the date of filing.) c date inserted in this block does not meet a effective date on the Department of State	be specific and cannot be more than five business the applicable statutory filing requirements, this date will not be
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EV: Effective date, if other than the dective date is listed, the date must lays after the date of filing.) e date inserted in this block does not meet a effective date on the Department of State. EVI: Other provisions, if any. Signature of a member This document is executed in a I am aware that any false inform	be specific and cannot be more than five business the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the ective date is listed, the date must lays after the date of filing.) e date inserted in this block does not meet effective date on the Department of State. E VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member This document is executed in a I am aware that any false inform constitutes a third degree felony.	the applicable statutory filing requirements, this date will not be succords. For or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State was provided for in s.817.155, F.S.
E V: Effective date, if other than the ective date is listed, the date must lays after the date of filing.) e date inserted in this block does not meet effective date on the Department of State. E VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member This document is executed in a I am aware that any false inform constitutes a third degree felony. Frank P. Hinte	the applicable statutory filing requirements, this date will not be serviced. For or an authorized representative of a member. Accordance with section 605.0203 (1) (b), Florida Statutes. Ination submitted in a document to the Department of State
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The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-