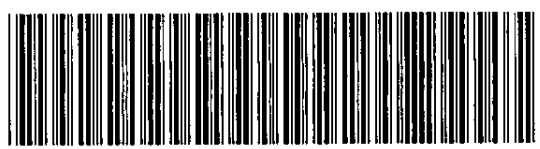


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 916128 7532900

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE : December 17, 2015

ORDER TIME : 4:27 PM

ORDER NO. : 916128-005

CUSTOMER NO: 7532900

DOMESTIC FILING

NAME: MMI 82, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION

OF

MMI 82, LLC

(Under Chapter 605 of the Florida Statutes)

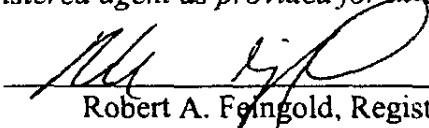
The undersigned person, acting as an authorized representative of a member of the limited liability company hereinafter named, sets forth the following statements.

ARTICLE I: The name of the limited liability company is MMI 82, LLC (the "Company").

ARTICLE II: The mailing address and the street address of the principal office of the Company is 136 Madeira Road, Islamorada, FL 33036.

ARTICLE III: The name of the Company's registered agent is Robert A. Feingold. The address of the Company's registered agent is 401 E. Las Olas Boulevard, Suite 1400, Ft. Lauderdale, Florida 33301.

Having been named as registered agent and to accept service of process for the above stated Company at the place designated in this Article, 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 605, F.S.


Robert A. Feingold, Registered Agent

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ARTICLE IV: The Company shall be manager managed. The initial manager shall be Oneil Khosa, with an address of 136 Madeira Road, Islamorada, FL 33036.

IN WITNESS WHEREOF, I have signed this document on the date set forth below and do hereby affirm that 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 in Section 817.155, F.S.

Dated: December 10, 2015


Oneil Khosa, Authorized Representative of a Member