

# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.

TRIFECTA MIMO PLACE, LLC	
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Electronic Filing Menu

Corporate Filing Menu

Help

04/04/2016 13:58 850<sub>3</sub>617-6381

. 4/4/2016 12:36:19 PM PAGE

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April 4, 2016

#### FLORIDA DEPARTMENT OF STATE

STOLZENBERG, GELLES & FLYNN, LLP Division of Corporations

SUBJECT: TRIFECTA MIMO PLACE, LLC

REF: W16000024679

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Valerie Herring Regulatory Specialist II New Filing Section FAX Aud. #: H16000081665 Letter Number: 216A00006787

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16 APR -4 PM 1: 10

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is:

TRIFECTA MIMO PLACE, LLC

ARTICLE II
ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address: 635 HARBOR DR KEY BISCAYNE, FL 33149 Principal Office Address: 635 HARBOR DR KEY BISCAYNE, FL 33149

## ARTICLE III REGISTERED AGENT AND REGISTERED OFFICE

The name and street address of the registered agent is:

Maria A. Hudson, Esq.
Stolzenberg Gelles Flynn & Arango, LLP
1401 Brickell Avenue, Suite 825
Miami, Florida 33131

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 605, F.S.

Maria A. Hudson, Esq., Registered Agent

(CONTINUED)

Page 1 of 2

H16000081665 3

### ARTICLE IV MANAGEMENT

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

AMBR:

TRIFECTA PARTNERS, INC.

Authorized Member

635 HARBOR DR

KEY BISCAYNE, FL 33149

Maria A. Hudson, Esq., Authorized Representative

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Page 2 of 2