LILOCOO 6756H

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



400284068884

SECRETARY OF STATE

16 APR -7 PH 1: 1



04/07/16--01010--005 **155.00

BEFARIMEN OF STATE

APR 0 7 2016
T SCHROEDER

COVER LETTER

į.

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: MEKIDIAN A | ZEAC ESTATE HOLDINGS LLC ame of Limited Liability Company |
| The enclosed Articles of Organization ar | nd fee(s) are submitted for filing. |
| Please return all correspondence concerr | ning this matter to the following: |
| Eric E. Wills | |
| | Name of Person |
| MEMOIAN | REALESTATE HOLDINGS CLC |
| | Firm/Company |
| 3060 Charleston Rd. | |
| | Address |
| Tallahassee, Fl. 32309 | |
| Erio (Omarnin a ann a ann | City/State and Zip Code |
| Eric@msmincorp.com E-mail address: | (to be used for future annual report notification) |
| For further information concerning this ma | • |
| Steve Stinson | 850 509-3116 at () |
| Name of Person | Area Code Daytime Telephone Number |
| Enclosed is a check for the following am | nount: |
| \$125.00 Filing Fee \$130.00 Filing Certificate of | |
| Mailing Address New Filing Section | Street Address New Filing Section |
| Division of Corporation | ons Division of Corporations |
| P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building 2661 Executive Center Circle |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | nd with the words "Limited | d Liability Company | HOLDINGS LLC , "L.L.C.," or "LLC.") | |
|--|---|---|--|---|
| ARTICLE II - Address: The mailing address and stree | t address of the principal c | office of the Limited | Liability Company is: | |
| Principal Office Address: 3060 Charleston Rd. Tallahassee Fl. 32309 | | | Mailing Address: | |
| | | | 3060 Charleston Rd. | |
| | | | Tallahassee, Fl. 32309 | |
| another business entity with a The name and the Florida stre | nn active Florida registratio | on.) | You must designate an individual or | |
| | Steve Stinson | Nama | | |
| | | Name | | |
| | 3201 Shamrock St. S | South #101 | | |
| | | /D A B 110F | | |
| | Florida street addres | s (P.O. Box <u>NOT</u> a | cceptable) | |
| | Tallahassee | FL | 32309 | |
| | Tallahassee City | FL State | 32309 Zip | |
| place designated in this certifica further agree to comply with the | Tallahassee City ed agent and to accept serv ate, I hereby accept the app e provisions of all statutes r obligations of my position | FL State sice of process for the pointment as register to the proper to | 32309 Zip e above stated limited liability company at the ed agent and agree to act in this capacity. I and complete performance of my duties, a as provided for in Chapter 605, F.S 4/7//5 | I |
| place designated in this certifica further agree to comply with the | Tallahassee City ed agent and to accept serv ate, I hereby accept the app e provisions of all statutes r obligations of my position | FL State sice of process for the cointment as register as registered agent | Zip e above stated limited liability company at the ed agent and agree to act in this capacity. I and complete performance of my duties, a as provided for in Chapter 605, F.S A / 1//5 cure (REQUIRED) | I |

| "Al | de: MBR" = Authorized GB" = M | Member | Name and Address: |
|---|---|--|--|
| | IGR" = Manager GR | | Steve Stinson |
| 1414 | JK | | 3201 Shamrock St. South |
| | | | Tallahassee Fl. 32309 |
| M | GR | | Eric Wills |
| | | | 3360 Charleston Rd. |
| | | | Tallahassee, FL. 32309 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| (U | se attachment if neces | sary) | |
| ICLE V | : Effective date, if ot | her than the date of fili | ng: (OPTIONAL) |
| | ve date is listed, the | date must be specific a | and cannot be more than five business days prior to or 90 days after |
| n effecti | | | |
| n effecti late of fi | iling.) | black does not meet th | e applicable statutory filing requirements, this date will not be listed as |
| n effecti late of fi <u>e:</u> If the | iling.) e date inserted in this | block does not meet the Department of State | ne applicable statutory filing requirements, this date will not be listed as te's records. |
| n effecti late of fi e: If the locumer | iling.) date inserted in this nt's effective date on | the Department of Stat | |
| n effecti ate of fi e: If the locumer | iling.) e date inserted in this | the Department of Stat | |
| n effecti late of fi e: If the documer | iling.) date inserted in this nt's effective date on | the Department of Stat | |
| n effecti late of fi e: If the documer | iling.) e date inserted in this nt's effective date on /I: Other provisions, i | f any. | |
| n effecti ate of fi e: If the locumer | iling.) date inserted in this nt's effective date on | f any. | |
| n effecti ate of fi e: If the locumer | iling.) e date inserted in this nt's effective date on /I: Other provisions, i | f any. | |
| effecti ate of fi : If the ocumer | iling.) e date inserted in this nt's effective date on VI: Other provisions, i | f any. | or an authorized representative of a member. |
| effecti ate of fi : If the ocumer | iling.) e date inserted in this nt's effective date on /I: Other provisions, i COUIRED SIGNATI Si This doc | f any. RE: gnature of a member cument is executed in | le's records. |

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2