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C. GOLDEN MAR 2 9 2017

FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

03-28-17

NAME: MR OF PALMS LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC	MADRAG PALMS LLC			
SUBJEC		mited Liabilit	/ Сотралу	
The enclo	osed Articles of Organization and fee(s) a	re submitted f	or filing.	
Please ret	turn all correspondence concerning this m	atter to the fo	llowing:	
	Karen Rodriguez			
		Name of I	erson	
	Triad Professional Services			
	······································	Firm/Con	pany	
	1720 Windward Concourse, S. 390			
		Addre	SS	
	Alpharetta, GA 30005			
		City/State and	Zip Code	···
	nhoffman@madragstores.com	10.0		
	E-mail address: (to be use		nual report notification	on)
For further	information concerning this matter, pleas	se call:		
	Karen Rodriguez	770 1	777-2091	
	Name of Person	Area Code	Daytime Telephone	Number
Enclosed	is a check for the following amount:			
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certifie	Filing Fee & [I Copy copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Ş	treet Address	En

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 28, 2017

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: MR OF PALMS LLC Ref. Number: W17000026666

We have received your document for MR OF PALMS LLC and the authorization to debit your account in the amount of \$155.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return the corrected original and one copy of 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 317A00005949

JULISE KEEP Original
Jake. Thanks!

. . .

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

- 00 1440 do - 1540 51 - 1570 \$

Mailing Address:

MADRAG PALMS LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

5601 West Side Avenue	5601 West Side Avenue
North Bergen, NJ 07047	North Bergen, NJ 07047

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Principal Office Address:

NRAI Services, Inc.		
	Name	
1200 South Pine Isla	and Road	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Plantation	FL	33324
City	State	Zip

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..

Registered Agent's Signature (RHQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Nathan Hoffman
<u> </u>	5601 West Side Avenue North Bergen, NJ 07047
ective date is listed, the date must b	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the fective date is listed, the date must be of filing.)	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
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E.V: Effective date, if other than the fective date is listed, the date must be of filing.) I the date inserted in this block does ment's effective date on the Department. E.VI: Other provisions, if any. REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not ment of State's records.
EV: Effective date, if other than the sective date is listed, the date must be of filing.) The date inserted in this block does ment's effective date on the Department's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is end and aware that any	not meet the applicable statutory filing requirements, this date will not ment of State's records.
EV: Effective date, if other than the sective date is listed, the date must be of filing.) The date inserted in this block does ment's effective date on the Department's effective date on the Department. EVI: Other provisions, if any. REOURED SIGNATURE: Signature of This document is eliam aware that any constitutes a third defined the section of	a member or an authorized representative of a member. Recuted in accordance with section 609,0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State.