## L20000054604

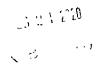
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					

Office Use Only



400340976554

2020 FEB 21 PH I2: 03
SEGNE HANGE TO GOOD.



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE : 188871 7833946
AUTHORIZATION :
COST LIMIT: \$ 1.25.00
ORDER DATE : February 21, 2020
ORDER TIME : 2:29 PM
ORDER NO. : 188871-005
CUSTOMER NO: 7833946
DOMESTIC FILING
NAME: MC 5333 COLLINS MGR, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Kadesha Roberson - EXT.

EXAMINER'S INITIALS:

## **COVER LETTER**

	New Filing Se Division of Co						
SUBJEC		COLLINS MGR,	LLC				
302020		Na	me of Lim	ited Liabili	ty Company		
The enclo	osed Articles of	f Organization and	fee(s) are	submitted	for filing.		
Please ret	um all corresp	ondence concernir	ng this mat	tter to the f	ollowing:		
	Camilo Mig	uel, Jr.					
		<u> </u>		Name of	Person	<del></del>	
	MC 5333 C	ollins MGR, LLC					
				Firm/Co	npany		
	2601 S. Bayshore Drive, Suite 850						
				Addre	SS		
	Miami, FL 3	33133					
			Cit	ty/State and	Zip Code		
	cmigueljr@ya				<del></del>	<del></del>	
	]	t-mail addr <del>e</del> ss: (to	be used i	or future a	nual report notificat	ion)	
For further	information co	ncerning this matt	er, please	call:			
	Camilo Migu	el, Jr.	305 at (	5	531-2426		
	Nam	e of Person	Are	a Code	Daytime Telephor	ne Number	
Enclosed	is a check for tl	he following amou	int:				
□\$125.06	0 Filing Fee	□\$130.00 Filin Certificate of S	tatus	Certifie	.00 Filing Fee & d Copy l copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailin	a Addrese			Street Address		

Mailing Address
New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
MC 5333 Collins MGR, LLC	
(Must conatin the words "Limited Liability	y 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:
Principal Office Address:	Mailing Address:
2601 S. Bayshore Drive	2601 S. Bayshore Drive
Suite 850	Suite 850
Miami, FL 33133	Miami, FL 33133
ARTICLE III - Registered Agent, Registered Office, & Registered Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent a	are:
Composition Service Compos	

Florida street address (P.O. Box NOT acceptable)

Tallahassee, FL 32301

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..

Name

1201 Hays Street

Kadesha Roberson Asst. Vice President

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 FEB 21 PH 12: 09

"AAIRK"	= Authorized Member	Name and Address:
"MGR" =		
MBR		MC Manager, LLC 2601 S. Bayshore Drive, Ste. 850 Miami, FL 33133
-		
(Use attacl	hment if necessary)	
RTICLE V: Effective data	is listed, the date must be s	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 days af  meet the applicable statutory filing requirements, this date will not be liste.
e date of filing.)		
e date of filing.) lote: If the date in	ective date on the Departmen	
te date of filing.)  Note: If the date in the document's effe	ective date on the Departmen er provisions, if any.	
ne date of filing.) Note: If the date in the document's effe	er provisions, if any.	
ne date of filing.) Note: If the date in the document's effe	er provisions, if any.	1 ./1
te date of filing.) Note: If the date in the document's effe	ED SIGNATURE:	nember or an authorized representative of a member.

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)

ARTICLE IV-