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Division of Corporations

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From:

Account Name : HUBCO

Account Number: 104662003400

Phone

: (516)935-3940

Fax Number : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: maimeecpa@gmail.com

FLORIDA LIMITED LIABILITY CO. MPT 207 LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

14154847068

2020 JUN 26 PM 4: 55

MPT 207 LLC

温度研究。

(Must end with 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:

Principal Office Address:

22 Crag Court

West Islip, NY 11795

Malling Address:

22 Crag Court

West Islip, NY 11795

West Islip, NY 11795

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:

Name

19195 Mystic Pointe Drive, Apt. 2310

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

 Aventura
 FL
 33180

 City
 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 (REQUIRED)

Gregory Buck

(CONTINUED)

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H20000196818

Title:			Name and Address:
	= Authorized	Member	
= "MGR" AMBI	Manager ⊇		Gregory Buck
MAIDIN	`	_	22 Crag Court
		West Islip, NY 11795	
		_	
		-	
		-	
	hment if nece	•	
E V: Effe ective date of filing.)	ctive date, if c	other than the date date must be spe	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
LE V: Effective date of filing.) LE VI: Other	ctive date, if c	other than the date that the specific date must be specific any.	of filing: (OPTIONAL)
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E V: Effective date of filing.)	er provisions, ED SIGNAT S (In accordate constitute I am awar	if any. URE: Signature of a meance with section use that any false in	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 mber of an authorized representative of a member.
E V: Effective date of filing.)	er provisions, ED SIGNAT S (In accordate constitute I am awar	if any. URE: Signature of a meance with section use that any false in	mber of an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document noder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State

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