Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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

FLORIDA LIMITED LIABILITY CO. MMR and BRM, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

MMR and BRM, L.L.C.
(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:

Principal Office Address:	Mailing Address:
8051 Fisher Island Drive	8051 Fisher Island Drive
Miami, FL 33109	Miami, FL 33109

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:

Michael M. Rosenb	aum	
= = = = = = = = = = = = = = = = = = = =	Name	
8051 Fisher Island I	Drive	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Miami	FL	33109
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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Autl	norized Member	Name and Address:
"MGR" = Mana	ger	
MGR		Michael M. Rosenbaum
		8051 Fisher Island Drive
		Miami, FL 33109
MGR		Barbara R, Rosenbaum
INCIN		8051 Fisher Island Drive
		Miami, FL 33109
		
f an effective date is list to date of filing.) <u>Sote:</u> If the date inserted	late, if other than the date ted, the date must be spe	of filing:
RTICLEVI: Other pro	visions, if any.	
REQUIRED S	ignature:	grade (
	This document is execut I am aware that any false	mber or an authorized representative of a member, ed in accordance with section 605,0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State elelony as provided for in s.817.155, F.S.
	Taylor Lolya	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)