## L22000 149690

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
Certified Copies Certificates of Status
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RECEIVED



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 603181 7821525
AUTHORIZATION :
COST LIMIT : \$1250000000
ORDER DATE : April 7, 2022
ORDER TIME : 8:35 AM
ORDER NO. : 603181-005
CUSTOMER NO: 7821525
DOMESTIC FILING  NAME: M&M MIAMI DEVELOPER LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland - EXT.
EXAMINER'S INITIALS:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

M&M MAAAA DEM	CLORED LLO	
M&M MIAMI DEVI		Liability Company, "L.L.C.," or "LLC.")
(Widst colla	ani me words. Limited	Claothly Company, L.E.C., or "LEC.")
ARTICLE II - Address: The mailing address and street ac	ldress of the principal c	ffice of the Limited Liability Company is:
<u>Principa</u>	al Office Address:	Mailing Address:
3325 S University Dr	ive	3325 S University Drive
Suite 105		Suite 105
Davie, Florida 33328		Davie, Florida 33328
another business entity with an ar- The name and the Florida street a	ctive Florida registration	agent are:
another business entity with an a	ctive Florida registration ddress of the registered Firm Counsel, Charte	Registered Agent. You must designate an individual or n.) agent are: red Name
another business entity with an a	ctive Florida registration iddress of the registered Firm Counsel, Charte 3325 S University De	Registered Agent. You must designate an individual or n.) agent are: red Name
another business entity with an a	ctive Florida registration iddress of the registered Firm Counsel, Charte 3325 S University De	Registered Agent. You must designate an individual or n.) agent are: red Name
another business entity with an a	ctive Florida registration address of the registered Firm Counsel, Charte 3325 S University De Florida street addres	Registered Agent. You must designate an individual or n.) agent are:  red Name ive, Suite 210 s (P.O. Box NOT acceptable)

(CONTINUED)

FILED
2027APR-8 AMII: 01
SECRETARY OF STAIL
TALLAHASSEE, FLORID.

	Name and Address:
"AMBR" = Authorized Membe	T .
"MGR" = Manager	
MGR	M&M Land Enterprises Development LLC
	3325 S University Drive, Suite 105
	Davie Florida 33328
<del></del>	
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	<del></del>
ective date is listed, the date mu of filing.)	the date of filing: (OPTIONAL)  Ist be specific and cannot be more than five business days prior to or 90 c
EV: Effective date, if other than ective date is listed, the date must filling.)	ist be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than ective date is listed, the date must filling.) the date inserted in this block dement's effective date on the Dep E VI: Other provisions, if any.	ist be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than ective date is listed, the date must filling.) the date inserted in this block diment's effective date on the Dep E VI: Other provisions, if any.	oes not meet the applicable statutory filing requirements, this date will not be artment of State's records.
E V: Effective date, if other than ective date is listed, the date must filling.) the date inserted in this block depent's effective date on the Dep E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature This document is a may a sware that	ist be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will not be artment of State's records.
E V: Effective date, if other than ective date is listed, the date must filling.) the date inserted in this block depent's effective date on the Dep E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature This document is a may a sware that	of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)