Division of Corporations **Electronic Filing Cover Sheet**

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(((H220003817193)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

FH 12:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

Email Address:_

FLORIDA LIMITED LIABILITY CO. MH FL METRO LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

company company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mailing Address

P.O. Box 6327

New Filing Section

Division of Corporations

Tallahassee, FL 32314

1	Michael Kang				
-			Name of P	'erson	
1	Mint House In	c.			
_			Firm/Con	npany .	
2	25 W 39th Str	eet, Suite 700			
_			Addres	SS	
1	New York, N	7 10018			
-			City/State and	Zip Code	
cc	ompliance@m	inthouse.com			
	E-	mail address: (to be us	ed for future an	nual report notificat	ion)
For further inf	ormation cond	erning this matter, ple	ase call:		
N	fichael Kang	at (855	972-9090	
	Name	of Person	Area Code	Daytime Telephon	e Number
Enclosed is a	check for the	following amount:			
□\$125.00 F	ïling Fee	□\$130.00 Filing Fee Certificate of Status	Certifie	.00 Filing Fee & d Copy l copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

New Filing Section Division

Street Address

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 22 NOV -8 PH 12: 35

H22000381719

COVER LETTER

	New Filing Sec Division of Cor				
SUBJEC	MH FL Me	etro LLC			
SCEE					
The encl	osed Articles of	Organization and fee(s) are	submitted for filing.		
Please re	turn all correspo	ondence concerning this mar	tter to the following:		
	Michael Kan	ıg			
			Name of Person		
	Mint House	Inc.			
			Firm/Company	-	
	25 W 39th S	treet, Suite 700			
			Address		
	New York, N	VY 10018			
		Ci	ty/State and Zip Code		
		minthouse.com			
	E	E-mail address: (to be used	for future annual report notificati	on)	
For further	r information co	ncerning this matter, please	call:		
	Michael Kan	g 85 at (5 972- 9 090		
	Nam	e of Person Ar	ca Code Daytime Telephone	e Number	
Enclosed	l is a check for th	ne following amount:		, ,	
□\$ 125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	≡\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
	<u>Mailin</u>	g Address	Street Address	PA .	
		iling Section on of Corporations	New Filing Section Di The Centre of Tallaha		
P.O. Box 6327			2415 N. Monroe Stree	et, Suite 810	
	Tallahs	succe, FL 32314	Tallahausee, FL 3230:	3	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H22000381719

Α	\mathbf{R}	П	CI	LE	Ι	_	N	ame:

The name of the Limited Liability Company is:

MH FL Metro 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:

į	Princi	pal O	ffice	Address:

Mailing Address:

77 11th Street N	25 W 39th Street, Suite 700		
St. Petersburg, FL, 33705	New York, NY 10018		
	· · · · · · · · · · · · · · · · · · ·		

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:

Capitol Corporate Services, Inc.

Name

515 E. Park Avenue, 2nd FL

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

Tallahassee	FL_	32301
City	State	7.ip

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..

Taylor Seay, as Asst. Secretary on behalf of Capitol Corporate Services, Inc.

Registered Agent's Signature (PROUDERS)

(CONTINUED)