Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Tø: Division of Corporations Fax Number : (850)617-6381 From: Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN Account Number : 120020000140 Phone : (561)844-3600 Fax Number : (561)842-4104 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address: KD@ Cohen Norcis.com un FLORIDA LIMITED LIABILITY CO. 840 US HIGHWAY - M & L, LLC Certificate of Status

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## COVER LETTER

TO:	New Filing Sec Division of Cor				
		CHWAY - M & L, L	rc		
SUBJE	CT:	Name	of Limited Liz	ability Company	<del></del>
The end	closed Articles of	Organization and fee	(s) are submi	tted for filing.	
Please	return all correspo	ndence concerning t	nis matter to t	he following:	
	Gregory R. C	Cohen. Esq.			
			Name	e of Person	
	Cohen Norri	s Wolmer Ray Telep	man Berkowi	tz & Cohen	
			Firm	/Company	
	712 U.S. Hig	ghway One, Suite 400	)		
			A	ddress	
	North Palm l	Beach, FL 33408		. <u> </u>	
	KD@CohenN	orris con	City/State	e and Zip Code	
			used for fun	ire annual report notificat	tion)
For furth	er information co	ncerning this matter,	please call:		
	Karin Drakas		561 at (	844-3600	
Enclose		e of Person	Area Cod		ne Number
Enclosed is a check for the following amount  \$\leq\$\$\$125.00 \text{ Filing Fee} \qquad \text{D\$}\$130.00 \text{ Filing } \text{ Certificate of Su} \text{ Certificate of Su}   \t		Fee & 🗀	\$155,00 Filing Fee & rtified Copy silonal copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Concentrated Copy (additional copy is enclosed)	
	New F Divisio P.O. B	ng Address illing Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3236	assec cet, Suite 810

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	E I -	Name:
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The name of the Limited Liability Company is:

\$40 US HIGHWAY - M & L, 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:

## Principal Office Address:

Mailing Address:

712 U.S. Highway One, Suite 400 North Paim Beach, FL 33408 712 U.S. Highway One, Suite 400 North Palm Beach, FL 33408

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:

Gregory R. Cohen. Esq.

Name

712 U.S. Highway One, Suite 400

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

 North Palm Beach
 FL
 33408

 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..

Registered Arent's Signature (REQUIRED)

(CONTINUED)

22 DEC 15 FHID: 35

ARTICLE IV-

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	M & L HOLDINGS DELAWARE, LLC	
	do 712 U.S. HIGHWAY ONE, SUITE 400	
	NORTH PALM BEACH, FL 33408	
M		
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