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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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. M&G - SQUIRE HILL, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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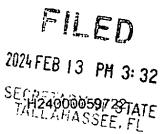
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COVER LETTER

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M&G - Squire Hill, LLC		
Name of I	imited Liability Company	
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l correspondence concerning this	matter to the following:	
	Name of Person	
pitol Services - Corpora		
	Fir a/ Compuny	
5 East Park Avenue 2nd	·	
	Address	
llahassee, FL 32301	O's ISsa a track of	
	City/State and Zip Code	
E-mail address: (to be use	ed for future annual report notification	n)
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aı (855 ₎ 498 - 5500	
Name of Person	Area Code Daytime Telephone	Number
eck for the following amount:		
Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address	
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, El. 32314	Amendment Section Division of Corporati The Centre of Tallaha 2415 N. Morroe Stree	issee
	M&G - Squire Hill, LLC Name of I riticles of Organization and fee(s) i correspondence concerning this apitol Services - Corpora 5 East Park Avenue 2nd Illahassee, FL 32301 E-mail address: (to be use nation concerning this matter, please of Person neck for the following amount: Fee \$130.00 Filting Fee & Certificate of Status Mailing Address Amendment Section Division of Corporations	M&G - Squire Hill, LLC Name of Limited Liability Company articles of Organization and fee(s) are submitted for filing. i correspondence concerning this matter to the following: Name of Person Pirm/Company 5 East Park Avenue 2nd Fl Address Address Area Code State and Zip Code E-mail address: (to be used for future annual report notification nation concerning this matter, please call: 1 855 Area Code State Address Area Code Mailing Address Amendment Section Division of Corporations P.O. Box 6327 The Centre of Tallaha Trick Address Amendment Section Division of Corporations P.O. Box 6327 The Centre of Tallaha Tallaha Area Control of Corporations Division of Corporations P.O. Box 6327



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name: The name of the Limited Liability Company is:	
	M&G - Squire Hill, 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:
2950 W. Cypress Creek Rd., Ste. 302	2950 W. Cypross Creek Rd., Ste. 302
Fort Lauderdale, FL 33309	Fort Lauderdale, FL 33309

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	e Service	s, Inc.
	∛ame	
515 East Park Av	venue 2n	d FI
Florida street address (P.O. Box <u>NC</u>	IT acceptable)
Tallahassee FL	32301	
City	State	Zíp

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..

Kim Tadlock, as Asst. Sec. on behalf of <u>Capitol Corporate</u> Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

\$ 5.00 Certificate of Status (Optional)

H24000059722

Title: "AMBR" = Authorized Memb "MGR" = Manager	Name and Address:
AMBR	M&G - PropCo, LLC 2950 W. Cypress Creek Rd., Sto. 302 Fort Lauderdale, FL 33309
MGR	Archwell Management, LLC 2950 W. Cypress Creek Rd., Ste. 302 Fort Lauderdale, FL 33309
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(Use attachment if necessary)	
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LE V: Effective date, if other the fective date is listed, the date is of filing.) If the date inserted in this block ament's effective date on the De	nust be specific and cannot be more than five business days prior to or 90 da, does not meet the applicable statutory filing requirements, this date will not be
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EV: Effective date, if other the fective date is listed, the date is of filing.) If the date inserted in this block ament's effective date on the Dec. EVI: Other provisions, if any. REOUTRED SIGNATURE: Signatu This document am aware the	re of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I any faise information submitted in a document to the Department of State indiduction as provided for in \$.817.155, F.S.