

To:

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From: Miami Joseph

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : NJ LAW PLLC
Account Number : 120200000122
Phone : (239)920-5228
Fax Number : (239)920-5289

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

Email Address: derekcarlson@mvprealty.net

FLORIDA LIMITED LIABILITY CO.
ROG MVP Miami Dade County LLC

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

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DIVISION OF CORPORATIONS
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ARTICLES OF ORGANIZATION
OF
ROG MVP MIAMI DADE COUNTY LLC

ARTICLE I – NAME

The name of the limited liability company ROG MVP MIAMI DADE COUNTY LLC (the "company").

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1900 N BAYSHORE DRIVE
MIAMI, FL 33132

Mailing Address:

1900 N BAYSHORE DRIVE
MIAMI, FL 33132

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

NJ Law PLLC
3411 Tamiami Trail N., Ste. 100
Naples, Florida 34103

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.



ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the
Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"AMBR" = Authorized Member	

MGR

DEREK CARLSON
1495 PINE RIDGE RD STE 1
NAPLES, FL 34109

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Nabil Joseph, Esq., Authorized Representative
Typed or printed name of signer