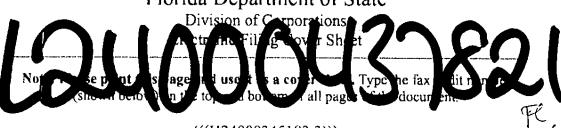
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Division of Corporations

Florida Department of State



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To:

Division of Corporations

Fax Number

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

: (614)573-3996

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

Email Address: AJACOBSON@MCCRANEYPROPERTY.COM

FLORIDA LIMITED LIABILITY CO. MPC APOPKA 414, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Help



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MPC Apopka 414, 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:

189 S. Orange Ave, Ste. 1170

Orlando; Fl. 32801

189 S. Orange Ave. Ste. 1170

Orlando, Fl. 32801

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:

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation Plorida 3332-1

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 diales, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

C.T. Corporation System.

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 B_{Y} :

Registered Agent's Signature (REQUIRED

(CONTINUED)

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•	et the applicable statutory filing requirements, this date will not. State's records.	N
CLE VI: Other provisions, if any, obson@mccraneyproperty.com		
REQUIRED SIGNATURE:	u, hl	
	her or an authorized representative of a member.	
This document is executed from aware that any false in	I in accordance with section 605.0203 (1) (b), Florida Statutes, iformation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.	
Ап	ndrew M. Jacobson	
	Typed or printed name of signee	
	Filing Fees:	

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