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## Department of State

## Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

From:

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Account Number : I20080000067

Phone : (845)425-0077

Fax Number

: (845)818-3588

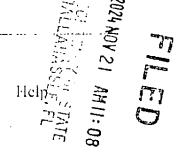
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## FLORIDA LIMITED LIABILITY CO. MIAMI REAP MIT LLC

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

Electronic Filing Menu Corporate Filing Menu



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Page: 2 of 3

| MIAMI REAP MIT LLC (Musi contain the words "Limited Liab     | oility Company, "L.L.C.," or "L.L.C.") |
|--|--|
| RTICLE II - Address:   |  |
| e mailing address and street address of the principal office | e of the Limited Liability Company is: |
| Principal Office Address:                                    | Mailing Address:                       |
| 2000 Ponce De Leon   | 2000 Ponce De Leon                     |
| Coral Gables FL 33134  | Coral Gables FL 33134                  |
|  |  |

Ethan James Appleby Name 2000 Ponce De Leon Florida street address (P.O. Box NOT acceptable)

Coral Gables City

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. Thereby 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.,

> /s/Ethan James Appleby Registered Agent's Signature (REQUIRED)

> > (CONTINUED)



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|     | • | 4 | , €. | <br>, , - |

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

| "AMBR" = Authorized Member   | Name and Address:  |                                       |
|--|--|---------------------------------------|
| "MGR" = Manager  |  |                                       |
| ū  |  |                                       |
| AMBR   | Jason Saltzman<br>841 SW 15th Street   |                                       |
|  | Boca Raton FL 33486  |                                       |
|  |  |                                       |
| AMBR   | Ethan James Appleby  |                                       |
| MICH   | Ethan James Appleby<br>1010 Brickell Avenue, Unit 4308   |                                       |
|  | Miami FL 33131   | · · · · · · · · · · · · · · · · · · · |
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| (Use attachment if necessary)                                      |  |                                       |
| locument's effective date on the Department of October 100 (1997). | es not meet the applicable statutory filing requirements, this attment of State's records.   |                                       |
| REQUIRED SIGNATURE:  | /s/Ethan James Appleby   |                                       |
|  | 78 Canal James replied   |                                       |
| Signature<br>This document is<br>I am aware that a                 | of a member or an authorized representative of a member of a membe | er.<br>ida Statutes.                  |
| <u>Eth</u> an Jan  | nes Appleby  |                                       |
|  | Typed or printed name of signee  | ۸.                                    |
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