

LO7000013016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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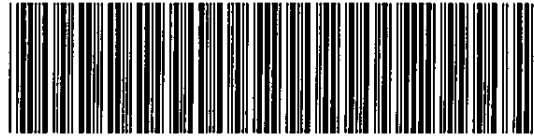
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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LO7-13016  
JR



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 29, 2007

PETER MOYE  
618 W. RIVERSIDE AVE., SUITE 300  
KIRKPATRICK & LOCKHART PRESTON GATES  
SPOKANE, WA 99201

SUBJECT: CENTER MORICHES PROPERTIES LLC  
Ref. Number: W07000004756

We have received your document for CENTER MORICHES PROPERTIES LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 707A00006746

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TALLAHASSEE FLORIDA

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January 25, 2007

Cari Hollabaugh  
Legal Secretary  
Cari.Hollabaugh@klgates.com

**VIA FEDERAL EXPRESS**

Florida Department of State  
Registration Section, Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Center Moriches Properties, LLC

To Whom It May Concern:

Please find enclosed one (1) original and one (1) copy of Articles of Organization for the above mentioned LLC. Please file the original and certify the enclosed copy. A check for \$125.00 is enclosed for the filing fee and a check for \$30.00 is enclosed for the certified copy.

Please direct all future correspondence regarding this matter to the following:

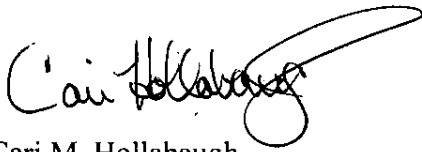
Peter Moyer  
Kirkpatrick & Lockhart Preston Gates Ellis LLP  
618 W. Riverside Ave, Suite 300  
Spokane, WA 99201

Please do not hesitate to call me should you have any further questions. I may be reached at 509.241.1515. Thank you for your prompt attention to this matter.

Very truly yours,

KIRKPATRICK & LOCKHART PRESTON GATES ELLIS LLP

By

  
Cari M. Hollabaugh

CMH:cmh  
Enclosures

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Center Moriches Properties LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.;"

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

27 Santa Monica Way  
San Francisco, CA 94127

27 Santa Monica Way  
San Francisco, CA 94127

**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:

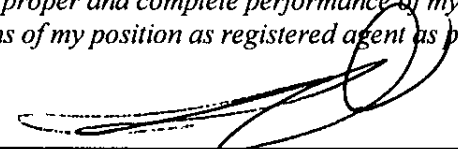
Jonathon Morton, K&L Gates LLP  
Name

Miami Center, 20th Floor, 201 South Biscayne Blvd.  
Florida street address (P.O. Box NOT acceptable)

Miami FL 33131-2399  
City, State, and Zip

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*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 608, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

William Quinn

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

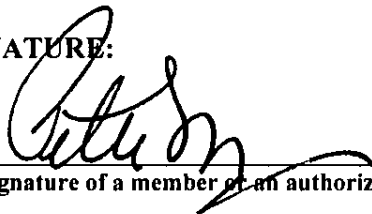
\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Peter E. Moye

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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