

ACCOUNT NO. : 07210000032

REFERENCE: 919292 7232902

AUTHORIZATION:

COST LIMIT : \$ 125.00

ORDER DATE : December 5, 2000

ORDER TIME : 9:47 AM

ORDER NO. : 919292-001

CUSTOMER NO:

7232902

400003489414--3

CUSTOMER: Mr. Michael E. Lee

Mr. Michael E. Lee

4305 Carriage Crossing Drive

Jacksonville, FL 32258

DOMESTIC FILING

NAME:

THE NATIONAL MUSEUM OF

GOVERNMENT AND POLITICS, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS:

APPROVES
AND
FILED
FILED

00 DEC -6 PH 2: 30

SECRETARY OF STATE
FALLAHASSEE, FLORIDA INE HI OF STATE
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE NATIONAL MUSEUM OF GOVERNMENT AND POLITICS, LLC

ARTICLE II - Address:

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

4305 Carriage Crossing Drive, Jacksonville, Florida 32258

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

	, , , , , , , , , , , , , , , , , , , ,
The name and the Florida	a street address of the registered agent are:
	Corporation Service Company
	Name
	1201 Hays Street
	Florida street address (P.O. Box <u>NOT</u> acceptable) Tallahassee FL 32301
	City, State, and Zip
tiability company at the p registered agent and agr statutes relating to the pr	egistered agent and to accept service of process for the above stated limited place designated in this certificate, I hereby accept the appointment as ee to act in this capacity. I further agree to comply with the provisions of all roper and complete performance of my duties, and I am familiar with and my position as registered agent as provided for in Chapter 608, F.S Registered Agent's Signature
Article IV - Manageme The Limited Liabilit therefore, a manager - m	ent (Check box if applicable.) ty Company is to be managed by one manager or more managers and is, nanaged company.
	ditional article must be added if an effective date is requested) Michael Lee, Ph.D. 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.)

Typed or printed name of signee

Michael Lee, Ph.D.

FILING FEES: \$ 100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (OPTIONAL) \$ 5.00 Certificate of Status (OPTIONAL)



MEMBERS OF THE NATIONAL MUSEUM OF GOVERNMENT AND POLITICS, LLC

Michael Lee, Ph.D. 4305 Carriage Crossing Drive Member Jacksonville, Florida 32258

Cherie B. Lee 4305 Carriage Crossing Drive Member Jacksonville, Florida 32258

dew

AND FILED 00 DEC -6 PM 2: 30 SECRETARY DE STATE