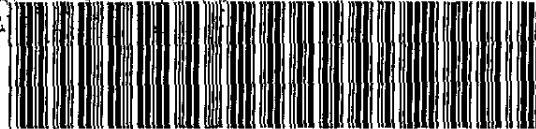


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

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TO: Registration Section  
Division of Corporations

SUBJECT: AMERICAN PROFESSIONAL PROPERTY MANAGEMENT, LLC  
(Name of Limited Liability Company)

2001 APR 24 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS J. ZANSEN  
(Name of Person)

AMERICAN PROFESSIONAL PROPERTY MANAGEMENT, LLC  
(Firm/Company)

7243 MARSH TERRACE  
(Address)

PORT ST. LUCIE FL 34986  
(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS J. ZANSEN at (772) 263-3621  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

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2004 APR 26 P 1:03

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMERICAN PROFESSIONAL PROPERTY MANAGEMENT, LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

7243 MARSH TERRACE  
PORT ST. LUCIE, FL 34986

Mailing Address:

Same

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

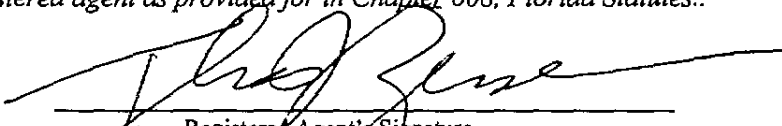
The name and the Florida street address of the registered agent are:

THOMAS J. ZENSEN  
Name

7243 MARSH TERRACE  
Florida street address (P.O. Box NOT acceptable)

PORT ST. LUCIE FLORIDA 34986  
City, State, and 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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..

  
Registered Agent's Signature

**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

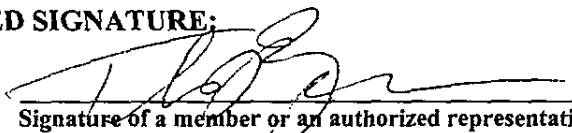
**Name and Address:**

THOMAS J. ZANSEN  
2243 MARSH TERRACE  
PORT ST. LUCIE, FL 34986

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**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.)

THOMAS J. ZANSEN  
Typed or printed name of signee

**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)

**FILED**

2004 APR 26 P 1:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA