

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H04000255275 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : MORAN & SHAMS, P.A.  
Account Number : I20000000003  
Phone : (407) 841-4141  
Fax Number : (407) 841-4148

## LIMITED LIABILITY COMPANY

## PROPERTIES OF MSM, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

04 DEC 29 PM 4:05

DIVISION OF CORPORATION

FILED

2004 DEC 29 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing

Public Access Help

((R04000255275 3))

**ARTICLES OF ORGANIZATION  
OF  
PROPERTIES OF MSM, L.L.C.**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

**ARTICLE I**

Name. The name of the limited liability company shall be PROPERTIES OF MSM, L.L.C. ("Company").

**ARTICLE II**

Address. The mailing address and street address of the principal office of the Company shall be 805 Fox Valley Drive, Longwood, Florida 32779

**ARTICLE III**

Duration. The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual unless the Company is earlier dissolved as provided in the operating agreement of the Company.

**ARTICLE IV**

Initial Registered Office and Agent. The street address of the initial registered office of the Company is 111 North Orange Avenue, Suite 1200, Orlando, FL 32801 and the name of the initial registered agent of the Company at that address is THOMAS MORAN.

**ARTICLE V**

Management. The Company shall be managed by a manager or managers in accordance with an operating agreement adopted by the members for the management of the business and affairs of the Company. The operating agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization. The name and address of the initial manager(s) of the Company is/are:

<u>NAME</u>	<u>ADDRESS</u>
Mark McLaughlin	805 Fox Valley Drive Longwood, Florida 32779

((R04000255275 3))

SECRETARY  
THOMAS MORAN  
2004 DEC 29 11:09 AM  
FILED

((H04000255275 3))

IN WITNESS WHEREOF, the undersigned does set his hand and seal and has acknowledged and filed the foregoing Articles of Organization under the laws of the State of Florida this 29 day of December, 2004

  
Thomas P. Moran  
Authorized Representative

STATE OF FLORIDA  
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared THOMAS P. MORAN, to me personally known to be the person described in and who executed the foregoing Articles of Organization and he acknowledged before me that he executed the same.

29 WITNESS my hand and official seal in the County and State last aforesaid this day of December, 2004.

  
NOTARY PUBLIC



June M. Reckert  
MY COMMISSION # CC97166 EXPIRES  
May 30, 2005  
BONDED THROUGH FARM INSURANCE INC.

FILED

2004 DEC 29 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

((H04000255275 3)))

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

**PROPERTIES OF MSM, L.L.C.**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED SUBMITS THE FOLLOWING STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the limited liability company is PROPERTIES OF MSM, L.L.C.
2. As designated in the Articles of Organization filed with this certificate, the name and the Florida street address of the registered agent is:

THOMAS P. MORAN  
111 North Orange Avenue, Suite 1200  
Orlando, Florida 32801

3. The street address of the registered office and the street address of the business office of the registered agent are identical.

*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.*

  
THOMAS P. MORAN

December 29<sup>th</sup>, 2004

**FILED**  
2004 DEC 29 AM 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

U:\MCP\PROPERTIES OF MSM\REGAGENTDESIGN\_122304.DOC

((H04000255275 3)))

#3574 P.004/004

MORAN@SHAMS PA

DEC.29.2004 16:50 4078414148