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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |

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09/01/05--01033--009 **190.00

M. HODGES

TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | | | |
|--|--|--|--|
| SUBJECT: Orchid Bay Beach Property LLC (Name of Limited Liability Company) | | | |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| Roy Cook (Name of Person) | | | |
| Orchid Bay Beach Property LLC (Firm/Company) | | | |
| 1900 S. Harbor Drive | | | |
| Milwaukee, WI 53207 (City/State and Zip Code) | | | |
| (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| Roy Cook at 414 769-1901 x 120 (Area Code & Daytime Telephone Number) | | | |
| Enclosed is a check for the following amount: | | | |
| ☐ \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| emper Addres. | MAILING A | nndess. | |

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

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|--|---|
| Orchid Bay Beach Pr | operty LLC |
| ARTICLE II - Address: The mailing address and street address of the princi | |
| Principal Office Address: | Iailing Address: |
| 1900 S. Harbor Dr. Milwaukee, WI 53207 | Same |
| ARTICLE III - Registered Agent, Registered Of | fice, & Registered Agent's Signature: |
| The name and the Florida street address of the regis | stered agent are: |
| James Rudo | lph |
| Name | |
| 750 Ocean Ro | yale Way #PH1 (P.O. Box NOT acceptable) |
| Florida street address | (P.O. Box NOT acceptable) |
| Juno Beach, Fi City, State, and I | 33408 |
| City, State, and 2 | Zip |
| Having been named as registered agent and to accelliability company at the place designated in this registered agent and agree to act in this capacity. I statutes relating to the proper and complete perfor accept the obligations of my position as registered. | certificate, I hereby accept the appointment as further agree to comply with the provisions of almance of my duties, and I am familiar with and ed agent as provided for in Chapter 608, F.S |
| Registered Agent's Sig | SECONDATOR PHONE OF SECONDATOR PHONE OF SECONDATOR PHONE OF PHONE |

Page 1 of 2

(CONTINUED)

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" = Manag | | Name and Address: |
|---------------------------------------|---|---|
| MGR | | Roy Cook 1900 S. Harbor Dr. Milwarkee, WI 53207 |
| MGR | | James Rudolph 750 Ocean Royale Way *PH1 Juno Beach, FL 33408 |
| | | |
| | | |
| (Use attachment if 1 | necessary) | |
| NOTE: An addition | onal article must be a | dded if an effective date is requested. |
| I) | ignature of a member or a in accordance with section of this document constitutes that the facts stated herein | an authorized representative of a member. 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.) |
| | | |

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)