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.

(((H050002272523)))

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

Tot

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: BROAD AND CASSEL (BOCA RATON) .

Account Number : 076376001555

Phone

(561) 483-7000

Fax Number

(561) 218-8960

LIMITED LIABILITY COMPANY

MISSION CONECA FT. PIERCE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

M. Thomas SEP 2 7 2005

型ACMODIQ 型IIRQ MODIA

Comments Hipo:

Public Accept Help

09/26/05 10:12:25

Broad and Cassel->

'850-205-0381' RightFax

Page 801



1777 GLADES ROAD SUITE 300 BOCA RATON, FLORIDA 33434 TELEPHONE. 561.483,7000 FACSIMILE: 561.483.7321 www.broadandcassel.com

TELECOPIER TRANSMITTAL

DATE:

Monday, September 26, 2005 10:11:52 AM

To:

DIVISION OF CORPORATIONS

ADDRESS:

TELECOPIER PHONE NO.:

1-850-205-0383

CONFIRMATION PHONE NO.:

FROM:

Arlene Larsen

TOTAL NUMBER OF PAGES:

04 (including cover)

CLIENT AND MATTER:

33904-0999

MESSAGE:

PLEASE NOTIFY US IMMEDIATELY IF ALL PAGES WERE NOT RECEIVED AT 561.483.7000

FAX OPERATOR: FIRST ATTEMPT: SECOND ATTEMPT:

THE INFORMATION CONTAINED IN THIS TRANSMISSION IS ATTORNEY-CLIENT PRIVILEGED AND CONFIDENTIAL. IT IS INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

BOCA RATON FT. LAUDERDALE MIAMI

ORLANDO

TALLAHASSEE

ASMAT

WEST PALM BEACH

09/26/85 10:13:02

Page 003

Fax Audit Number: H05000227252 3

ARTICLES OF ORGANIZATION

OF

MISSION CONECA FT. PIERCE, LLC

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

ARTICLBI

The name of this limited liability company shall be: MISSION CONECA FT. PIBRCB, LLC.

ARTICLE II

The mailing address and street address of the principal office of the limited liability company shall be 275 Murcle Drive, Suits #304, Jupiter, Florida 33458, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

ARTICLE III

The initial registered office of this limited liability company is 275 Murcia Drive, Suite #304, Jupiter, Florida 33458. The initial registered agent at that address is Christopher Jason McArthur.

ARTICLE IV

This limited lightlity company will be a manager-managed company.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 25th day of September, 2005.

Christopher Jason McArthur, Authorized Agent

and not in his individual capacity

Fax Audit Number: H05000227252 3

9061100/P4000/79100.1

05 SEP 25 MH 9: 05

Fax Audit Number: H05000227252 3

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

FIRST — The name of the limited liability company is MISSION CONECA FT. PIBRCE, LLC.

SECOND - The name and address of the registered agent and office is:

Christopher Jason MaArthur 275 Muroia Drive, Swite #304 Jupiter, Florida 33458

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.

Dated this 23/td. day of September, 2005.

Christopher Inspet McAring

Fax Audit Number: H05000227252 3

2001007FEE0/7FF08.1