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COVER LETTER

Division of Corporations	
SUBJECT: Greater Properties, LLC	
(Name of Limited L	iability Company)
The enclosed Articles of Organization and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter to	o the following:
Michael Hickmann	
(Nat	me of Person)
Premier Communities, LLC	
(Fir	m/Company)
2125 West Washington Stre	eet
	(Address)
West Bend, WI 53095	
(City/Sta	ate and Zip Code)
For further information concerning this matter, please cal	1:
Michael P. Hickmann at	(262) 334-4444 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	ECRE LLAH
Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Greater Properties, LLC (Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3156 Casseekey Island Road Jupiter, FL 33477	3156 Casseekey Island Road Jupiter, FL 33477
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re Joseph E. Miller, Jr.	red Agent. You must designate an individual or another
Name	TAS 21
3156 Casseekey Island F Florida street addr	ess (P.O. Box NOT acceptable)
Jupiter, FL 33477 City, State, ar	
registered agent and agree to act in this capacity. statutes relating to the proper and complete per accept the obligations of my position as registed.	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the profisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
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(Use attachment if necessary)	
	ANDTONIAL CONTROLLAR
	e date of filing: (OPTIONAL) De specific and cannot be more than five business days in the control of
90 days after the date of filing.)	e specific and cannot be more than five business days
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~ 6 W	er or an authorized representative of a member.
Signature of a member	ention 609 409/2). Florido Statutas the execution
Signature of a member (In accordance with se of this document const	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
Signature of a member (In accordance with se	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
Signature of a member (In accordance with see of this document constitute that the facts stated I Joseph E. Miller, J	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein 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)