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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : PORTER, WRIGHT, MORRIS & ARTHUR

Account Number: 102233003533 Phone: (614)227-1936 Fax Number: (239)593-2990

FLORIDA/FOREIGN LIMITED LIABILITY CO

Southwest Boulevard Holdings, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

Corporate Filing Menu

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Electronic Filing Menu

PORTER
WRIGHT
MORRIS &
ARTHUR LLP

5801 Pelican Bay Boulevard Suite 300 Naples, Florida 34108-2709 Main Telephone #: 800-876-7962 Main Facsimile #: 239-593-2990

Facsimile Cover Sheet

SENDER'S FACSIMILE RECEIVING #: 239-593-2990

IF YOU HAVE RECEIVED PROBLEMS RECEIVING IMMEDIATELY. THANK YO	THIS COMMUNICATION THIS COMMUNICATION OU.			
THE INFORMATION CONTAINED IN TH PRODUCT, OR OTHER LEGAL PRIVILE OR ENTITY NAMED AS RECIPIENT. II ARE HEREBY NOTIFIED THAT ANY DIS PROHIBITED.	GE, THIS COMMUNICATION IS I F THE READER OF THIS COMMU	NTENDED ONLY FOR TH NICATION IS NOT THE	E USE OF THE INDIV	IDUAL
Date: March 15, 2006	User: 5781	Client Matter #	•	
TOTAL NUMBER OF PA	GES INCLUDING COVER SE PLEASE DELIVER		4	
Name	FIRM	FACSIM	le#: Con	ifirmation #.
I. Division of Corporations RE: Southwest Boulevard I Fax Audit No. H06000 Comments:		850-203	5-0383	
Please file the attached regardi	ng the above-referenced li	imited liability com	pany:	
 Articles of Organization; ar Certificate of Registered Ag 			7.0	06
We have requested a certificate	of status and a certified o	copy of same.		6 HAR ≥
Thank you.			ASSET ASSET	5 配
From: Jennifer J. Nogalski, I THE ORIGINAL OF THIS DOCUMEN ORDINARY MAIL MESSENGER	T WILL BE SENT BY: OVERNIGHT DELIV	Phone No. ERY SERVICE DNLY FORM OF DELIV	239-593-2970 DATE ERY	M 9: 32

ARTICLE I - Name:	
The name of the Limited Liability Con	mpany is:
SOUTHWEST BOULEVARD HOLDING	
(Must end with the words "Limited Liability Compa	my, "Limited Company" or their abbreviation "LLC," or "L.C,")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is
The state of the s	NECTO A DESCRIPTION
Principal Office Address:	Mailing Address:
19275 W. CAPITOL DRIVE, #100	ANDROLL ALBERTAL DON'T SIAM
ISETS II. OF THOSE DAMES IN THE	19275 W. CAPITOL DRIVE, #100
BROOKFIELD, WI 53045	BROOKFIELD, WI 53045
BROOKFIELD, WI 53045	BROOKFIELD, WI 53045
BROOKFIELD, WI 53045 ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its)	gistered Office, & Registered Agent's Signature:
BROOKFIELD, WI 53045 ARTYCLE III - Registered Agent. Re	gistered Office, & Registered Agent's Signature:
BROOKFIELD, WI 53045 ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its)	gistered Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	gistered Office, & Registered Agent's Signature: own Registered Agent You must designate an individual or another of the registered agent are:
BROOKFIELD, WI 53045 ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	gistered Office, & Registered Agent's Signature: own Registered Agent You must designate an individual or another of the registered agent are:
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address JEFFREY KANNENS	gistered Office, & Registered Agent's Signature: own Registered Agent You must designate an individual or another of the registered agent are: SOHN, ESQ. Name
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address JEFFREY KANNENS 5801 PELICAN BAY	gistered Office, & Registered Agent's Signature: own Registered Agent You must designate an individual or another of the registered agent are: SOHN, ESQ. Name Y BOULEVARD, SUITE 300
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address JEFFREY KANNENS 5801 PELICAN BAY	gistered Office, & Registered Agent's Signature: own Registered Agent You must designate an individual or another of the registered agent are: SOHN, ESQ. Name

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,

s Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Mem	iper .
MGR	VINCENT KUTTEMPEROOR
	C/O 19275 W. CAPITOL DRIVE, #100
	BROOKFIELD, WI 53045
•	
(Use attachment if necessary))
A DOYLOUE V. Effective date, if other	than the date of filing: (OPTIONAL)
(If an effective date is listed, the date to or 90 days after the date of filing.)	must be specific and cannot be more than five business days prior
<u>REQUIRED</u> SIGNATURE:	
	Le Me L
Signature of	a member or ab authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes in affirmation under the penalties of perjury that the facts stated horsin are true)

Jeffrey Kannensohn, Esq., Authorized Representative

Typed or printed name of signee

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)

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