

LU6000069388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

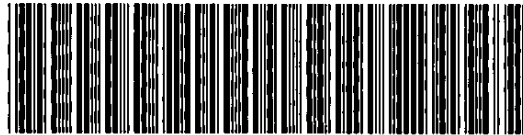
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*BK*

Office Use Only



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FILED  
2006 JUL 12 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07/13/06--01003--004 \*\*125.00

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2006 JUL 12 PM 3:43  
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a Wolters Kluwer business

CT  
1203 Governors Square Blvd.  
Tallahassee, FL 32301-2960

850 222 1092 tel  
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FILED  
2006 JUL 12 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 12, 2006

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 6685826 SO  
Customer Reference 1: None Given  
Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

HBT of Manatee County LLC (FL)  
Formation  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

**ORIGINAL**

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HBT of Manatee County 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 principal office of the Limited Liability Company is:

**Principal Office Address:**

710 N. Plankinton Avenue

Suite 1200

Milwaukee, WI 53203

**Mailing Address:**

710 N. Plankinton Avenue

Suite 1200

Milwaukee, WI 53203

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box **NOT** acceptable)

Plantation, Florida 33324

City, State, and Zip

*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, F.S..*

C T Corporation System

Connie Bryan  
Registered Agent's Signature (REQUIRED)

**CONNIE BRYAN**

**SPECIAL ASSISTANT SECRETARY**

**(CONTINUED)**

Page 1 of 2

**FILED**  
2006 JUL 12 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(HBT of Manatee County LLC)

**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" = Managing Member

**Name and Address:**

MGRM

Towne Realty, Inc.

710 N. Plankinton Avenue

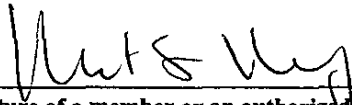
Milwaukee, WI 53203

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

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

Mark S. Madigan, Assistant Secretary of Towne Realty, Inc.

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)**