

L06000073127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

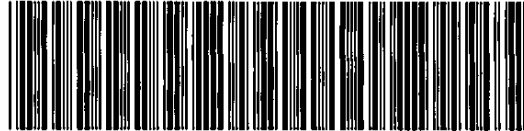
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

MBK

Office Use Only



900077315669

07/25/06--01001--021 **125.00

RECEIVED
06 JUL 24 PM 3:37
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
06 JUL 24 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
06 JUL 24 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRACY SPEAR

DATE: 07/24/06

REF. #: 000399.55228

CORP. NAME: CHARLOTTE PROPERTIES, LLC

FILED
06 JUL 24 PM 4: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

FILED
06 JUL 24 PM 4: 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE FEES PREPAID WITH CHECK# 517900 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION

OF

CHARLOTTE MEDICAL PROPERTIES, LLC

(Under §608.407 of the Florida
Limited Liability Company Act)

FILED
06 JUL 24 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, being a member or the authorized representative of the limited liability company, hereby certifies that:

ARTICLE I – NAME

The name of the limited liability company shall be **CHARLOTTE MEDICAL PROPERTIES, LLC** (the “Company”).

ARTICLE II – ADDRESS

The mailing address and the street address of the principal office of the Company is:

<u>Mailing Address:</u>	<u>Street Address:</u>
c/o Burton-Katzman Development Co., Inc. 30100 Telegraph Road, Suite 366 Bingham Farms, MI 48025	c/o Burton-Katzman Development Co., Inc. 30100 Telegraph Road, Suite 366 Bingham Farms, MI 48025

ARTICLE III – REGISTERED AGENT

The name and street address of the Company’s initial registered agent for service of process in the State of Florida shall be: Gary Kauffman, Esq., c/o Dunlap & Moran, P. A., 1990 Main Street, Suite 700, Sarasota, FL 34236.

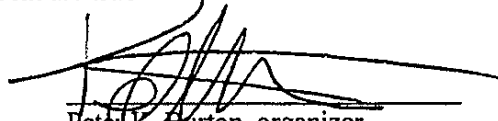
ARTICLE IV – MANAGEMENT

The Company shall be managed by one or more managers.

ARTICLE V – MEMBERSHIP RESTRICTIONS

Unless otherwise specified in the Company's Operating Agreement: (a) members shall have the right to admit new members by majority consent; and (b) a member's interest in the Company may not be sold or otherwise transferred except with majority written consent of all members, as well as pursuant to any and all applicable provisions of the Company's Operating Agreement and/or Comprehensive Buy-Sell Agreement.

IN WITNESS WHEREOF, I have signed these Articles of Organization on July 18, 2006, as an authorized representative of the Company or a member thereof, and I affirm, under the penalties of perjury, that the facts stated herein are true.



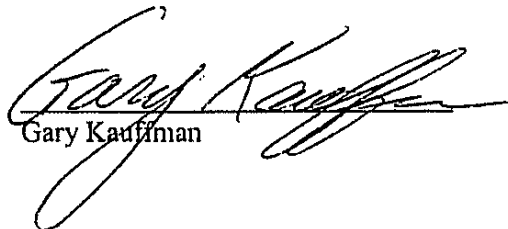
Peter K. Burton, organizer
(a member or an authorized representative
of the limited liability company)

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

The undersigned hereby accepts the designation as registered agent to accept service of process for the above-stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.

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

Registered Agent:



Gary Kauffman