

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.

(((H06000299767 3)))



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

Division of Corporations

Fax Number : (850)205-0383

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5926

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Morrison Partners II LLC

Certificate of Status	0
Certified Copy	0
Page Count	03 박
Estimated Charge	\$125.00

Electronic Filing Menu

PAGE 01/04

Corporate Filing Menu

Please backdorte
Please to:
The 21 st.

Help

850-205-0381





FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUBJECT: MORRISON PARTNERS II LLC

REF: W06000054792

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist FAX Aud. #: H06000299767 Letter Number: 306A00072297

Please backdate

Dec. 21 st.

Thank Viu!

P.O BOX 6327 - Tallahassee, Florida 32314

12/28/2006 10:24 860227615

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Morrison Partners II LLC			
(Must end with the words "Limite	d Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address:			
	treet address of the pri	incipal office of the Limited Liability Company is:	
Principal Office Addres	<u>9:</u>	Mailing Address:	
IIII Brickell Avenue		1111 Brickell Avenus	
Ploor 11		Ploor 11	
Mismi, FL 33131			
ARTICLE III - Register (The Limited Liability Company	rannot scrve as its own Regist		
ARTICLE III - Register (The Limited Liability Company business entity with an active Fi	varmot scrve na its own Regist oricla registrazion.)	S Office, & Registered Agent's Signature: AHATA CONTROL AGENT ASSET	חבר כי דורו
ARTICLE III - Register (The Limited Liability Company	varmot scrve na its own Regist oricla registrazion.)	S Office, & Registered Agent's Signature: A HASSE STATE OF THE PROPERTY OF T	חבר כי דורו
ARTICLE III - Register (The Limited Liability Company business entity with an active Fi	variet serve as its own Regist orids registration.) s street address of the r	S Office, & Registered Agent's Signature: Add Agent You must designate an individual or another registered agent are: In System 8	חבר כי דורו
ARTICLE III - Register (The Limited Liability Company business entity with an active Fi	camot serve as its own Registerida registration.) street address of the r C T Corporati	S Office, & Registered Agent's Signature: AHASSE FLORE Registered agent are: Ion System 15	חבר כי דורו
ARTICLE III - Register (The Limited Liability Company business entity with an active Fi	cannot serve as its own Registerida registration.) street address of the r C T Corporati Name 1200 South Pine	S Office, & Registered Agent's Signature: AHASSE FLORE Registered agent are: Ion System 15	חבר כי דורו
ARTICLE III - Register (The Limited Liability Company business entity with an active Fi	cannot serve as its own Registerida registration.) street address of the r C T Corporati Name 1200 South Pine	Children & Registered Agent's Signature: Add Agent You must designate an individual or another registered agent are: Ion System Claim System Claim Road dress (P.O. Box NOT acceptable)	חבר כי דורו

(CONTINUED) Page 1 of 2 Affene Bernel Vice President

FLOSE - White CT System Color

12/28/2006 10:24 850227615

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		•
MGRM	Joseph Del Valle		
•	1221 Brickell Avenue, 9th Flo	Dot	
	Mismi, FL 33131	•	
			· 6 6
			OG DEC 21
		4.S.S.E	2 2
· · · · · · · · · · · · · · · · · · ·			
			3 89.
(Use attachment if necessary)			-
LE V: Effective date, if other than the	e date of filing:	(OPTIONAL	רט L)
effective date is listed, the date must b			
0 days after the date of filing.)			
REQUIRED SIGNATURE:			
₩ :#			

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

Typed or printed name of signee

Fitne Foca:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 36.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Michael H. Carstons

Page 2 of 2

25.4152 - 5.400/05 C T Myselens Options