

01/28/2008 17:25 FAX

Division of Corporations

001/003

**L08000009496**

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.

(((H08000023314 3)))



H080000233143ABCV

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

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : ARNSTEIN & LEHR LLP  
Account Number : I20060000021  
Phone : (954) 713-7633  
Fax Number : (954) 713-7733

**FILED**  
08 JAN 28 AM 7:56  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**MM 15 FBO, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

**RECEIVED**

08 JAN 28 AM 6:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

Fax Audit # (((H08000023314 3)))

**ARTICLES OF ORGANIZATION  
OF  
MM 15 FBO, LLC**

These Articles of Organization are made for the purpose of organizing a Florida Limited Liability Company under the Florida Limited Liability Act Chapter 608, Florida Statutes.

**ARTICLE I: NAME**

The name of this limited liability company is **MM 15 FBO, LLC** (the "Company").

**ARTICLE II: ADDRESS**

The mailing address and street address of the principal office of the Company is N7467 Bay Drive, Elkhorn, WI 53121.

**ARTICLE III: REGISTERED AGENT AND OFFICE**

The name and address of the initial registered agent of the Company is Shari Olefson, c/o Arnstein & Lehr, 200 E. Las Olas Boulevard, Suite 1700, Fort Lauderdale, FL 33301.

**ARTICLE IV: DURATION**

The period of duration of the Company will be perpetual.

**ARTICLE V: MANAGEMENT**

The Company shall be a member-managed company. The name and address of the initial Manager is MM 15, LLC, N7467 Bay Drive, Elkhorn, WI 53121.

The undersigned executed these Articles of Organization on this 28th day of January, 2008.

Authorized Representative of the Members:

(In accordance with Section 603.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Sean Alcock  
Sean Alcock, as Authorized Representative

FILED  
08 JAN 28 AM 7:56  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Fax Audit # (((H08000023314 3)))

**CERTIFICATE OF DESIGNATION  
OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT  
IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

MM 15 FBO, LLC

2. The name and the Florida address of the registered agent are:

Shari Olefson  
c/o Arnstein & Lehr  
200 E. Las Olas Boulevard, Suite 1700  
Fort Lauderdale, FL 33301

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.

  
\_\_\_\_\_  
Shari Olefson

**FILED**  
08 JAN 28 AM 7:57  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA