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.

(((H08000023295 3)))



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:

: ARNSTEIN & LEHR LLP Account Name

Account Number : 120060000021

Phone

: (954)713-7633

Fax Number

: (954)713-7733

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MM 15 Residences, LLC

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

Electronic Filing Menu

Corporate Filing Menu

DA Thomas JAN 2 4 2008

Fax Audit # (((H08000023295 3)))

ARTICLES OF ORGANIZATION OF MM 15 RESIDENCES, 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 Residences**, **LLC** (the "Company").

ARTICLE II: ADDRESS

The mailing address and street address of the principal office of the 0 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 Olefson, c/o Arnstein & Lehr, 200 E. Las Olas Boulevard, Suite 1700, Fort Lauderale, 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 at 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, as Authorized Representative

Fax Audit # (((H08000023295 3)))

Fax Audit # (((H08000023295 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 Residences, 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 here 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