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EXAMINER





ACCOUNT NO. : 072100000032

· REFERENCE : 581895 4810371

AUTHORIZATION :

COST LIMIT :

ORDER DATE :	May 22	, 2008
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ORDER TIME : 3:15 PM

ORDER NO. : 581895-005

CUSTOMER NO: 4810371

# DOMESTIC FILING

NAME: GRANVIEW MELBOURNE, LLC

### EFFECTIVE DATE:

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION	`
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING .	
CONTACT PERSON: Troy Todd - EXT. 2940	

EXAMINER'S INITIALS:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Grandview Melbourne, LLC		<del></del>
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liabil	ity Company is:
Principal Office Address:	Mailing Address:	
c/o Mills Development Company		
755 Business Center DR STE 200 Horsham, PA 19044		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signed Agent. You must designate an individual	or another
The name and the Florida street address of the re	egistered agent are:	FIL 08 MAY 22 SLUTHIANS
Corporation Service Con	npany	
Name	11-18- Ann 11-18- The second of the second o	FIL 22 IASS
1201 Hays Street		
**************************************	ess (P.O. Box NOT acceptable)	
Tallahassee	FL 32301	FILED MAY 22 AM 9: 15 AHASSEE, FLORIDA
City, State, ar	nd Zip	A G
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per accept the obligations of my position as registive. Corporation Service Co	is certificate, I hereby accept the ap I further agree to comply with the formance of my duties, and I am fan tered agent as provided for in Chapi	pointment as provisions of all niliar with and

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

# ARTICLE IV- Man. ager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	MPG-Melbourne, LLC c/o Mills Development Company
	755 Business Center DR STE 200
	Horsham, PA 19044
	The state of the s
,1 -	
•	
Use attachment if necessary)	
LE V: Effective date, if other than the	he date of filing: (OPTIO

# **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.)

Andrea Gore, Authorized Representative

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)