## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number :

: (850)617-6383

From:

Account Name : DUANE MORRIS LLP Account Number : 119990000059

Phone : (305)960-2220 Fax Number : (305)397-2683

FLORIDA/FOREIGN LIMITED LIABILITY CO.

RECEIVED

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SECHETARY OF STATE
ALLAHASSEE, FLORIDA

## **EAU GALLIE PHASE 5 LLC**

Certificate of Status	0
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**EXAMINER** 

12/11/2008

H08000272342

ARTICLES OF ORGANIZATION FOR FLO	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
Eau Gallie Phase 5, LLC	
(Must end with the words "Limited Liability	ty Company, "C.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
490 N. Harbor City Blvd.	490 N. Harbor City Blvd.
Melbourne, Florida 32935	Melbourne, Florida 32935
ARTICLE III - Registered Agent, Registered (The Limited Limitly Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	red Agent. You must designate an individual or another

H.J. UnderIII, III Name

490 N. Harbor City Blvd. Florida street address (P.O. Box NOT acceptable)

Melbourne, 32935<sub>FL</sub>

City, State, and Zip

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 as provided for in Chapter 608, F.S..

> Agent's Signature (REQUIRED) Registere

> > (CONTINUED) Page 1 of 2

H08000272342

<u>Title:</u> "MGR" - Manager "MGRM" - Managing Meml	Name and Address:
MGRM	HJU Holdings, LLLP
r	490 N. Harbor City Blvd.
	Melbourne, FL 32935
<del></del>	
ICLE V: Effective date, if other	than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days price
90 days after the date of filing.)  REQUIRED SIGNATURE:	
90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of  (In accordance of this document)	
90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of (In accordance of this document that the fact	a member or an authorized representative of a member.  with section 608.408(3), Florida Statutes, the execution sent constitutes an affirmation under the penalties of periury
O days after the date of filing.)  REQUIRED SIGNATURE:  Signature of (In accordance of this document that the fact	a member or an authorized representative of a member.  se with section 608.408(3), Florida Statutes, the execution nent constitutes an affirmation under the penalties of perjury is stated herein are true.)

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)