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 : I19990000059 : (305)960-2220 Phone

Fax Number

: (305)397-2683

FLORIDA/FOREIGN LIMITED LIABILITY CO.

490 N. HARBOR CITY, LLC

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

J. BRYAN

DEC 15 2008

EXAMINER

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ARTICLE I - Name: The name of the Limited Liability Com	nany is:	<u>«.</u>
The haire of the Billico Blabing Con	ipany 10.	2
490 N. Harbor City, LLC		8 EC
	nited Liability Company, "L.L.C.," or "LLC.")	2
ARTICLE II - Address:		37
TATE OF THE PART TO THE PART T		
* ·	of the principal office of the Limited Liabi	lity Company is
The mailing address and street address	of the principal office of the Limited Liabi Mailing Address:	lity Company is
* =: · · · · · · · · · · · · · · · · · ·	•	lity Company is

(The Limited Linbility Company cannot serve as its own Registered Agent. You must designate an individual or another husiness entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

H.J. Underill, III 490 N. Harbor City Blvd. Florida street address (P.O. Box NOT acceptable) Melbourne, 32935

City, State, and Zlp

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" - Managing Member HJU Holdings, LLLP MGRM 490 N. Harbor City Blvd. Melbourne, FL 32935 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Plorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Lindeall Typed or printed name of signed

Filing Fees:

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

5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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