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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (850)878-5368

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Florida Millennium Properties LLC

Certificate of Status	0
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Estimated Charge	\$125.00

S. HAWKES MAR 2 0 2009

EXAMINER

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company	is:
Florida Millennium Properties LLC	
	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Malling Address:
1000 Shorewood Drive, #200 Cape Canaveral, FL 32920	710 N. Plankinton Avenue, #1200 Milwaukee, WI 53203
business entity with an active Florida registration.) The name and the Florida street address of the	eistered Agent. You must designate an individual or another registered agent are: alion System
Nan	ne .
1200 South Pi	ne Island Road
Florida street a	ddress (P.O. Box NOT acceptable)
Plantutio	
City, State	;, und Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete paccept the obligations of my position as reg	o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S Testion System Connic Bruan

(CONTINUED)
Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Towne Realty, Inc. 710 N. Plankinton Avenue, #1200 Milwaukee, W1 53203
(Use attachment if necessary) "LE V: Effective date, if other than the	date of filing: (OPTIONA
LE V: Effective date, if other than the	date of filing: (OPTIONAle specific and cannot be more than five business day
LE V: Effective date, if other than the ffective date is listed, the date must b	date of filing: (OPTIONAle specific and cannot be more than five business day
CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: By: Towne healty, to By:	ne specific and cannot be more than five business day
TLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: By: Towne healty, from Signature of a large file. (In accordance with seconds)	ne specific and cannot be more than five business day and Sole Member of a member. Alon 608.408(3), Florida Statutes, the execution follows an affirmation under the penalties of perjury
TLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: By: Towne healty, in the second of this document coder that the facts stated I James B. Young	nd. Sole Member of or mauthorized representative of a member. exion 608.408(3), Florida Statutes, the execution multiples an affirmation under the penalties of perjury herein are true.) , Senior Vice President
TLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: By: Towne healty, in the second of this document coder that the facts stated I James B. Young	nd. Sole Member of o pa authorized representative of a member. etion 608.408(3), Florida Statutes, the execution multiple an affirmation under the penalties of perjury herein are true.)
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CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: By: Towne really, for By: Signature of a latentic of this document constitute the facts stated by James B. Young	nd. Sole Member of o an authorized representative of a member. enopeo8.408(3), Florida Statutes, the execution indies an affirmation under the penalties of perjury herein are true.) "Senior Vice President upped or printed name of signee

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