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SECRETARY OF STATE DIVISION OF CORPORATIONS

LAW OFFICES McCLELLAND, JONES LYONS, LACEY & WILLIAMS, L.L.C.

CLIFTON A. MCCLELLAND, JR. HARRY A. JONES AARON D. LYONS STEPHEN J. LACEY TIMOTHY M. WILLIAMS J. COLE OLIVER

ONE HARBOR PLACE
1901 SOUTH HARBOR CITY BLVD.
SUITE 500
MELBOURNE, FLORIDA 32901-4770

TEL (321) 984-2700 FAX (321)723-4092 CSMITH@MJLANDL.COM

May 26, 2011

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Certificate of Conversion and Articles of Organization of City Square Professional Center, LLC

Dear Sir/Madam:

Enclosed find an original and one copy of Certificate of Conversion and Articles of Organization for the above-captioned Limited Liability Company, together with check in the sum of \$150.00 to cover your filing fees.

Please stamp the copy of the Certificate of Conversion and Articles of Organization with the date received in your office and return to the undersigned.

Thank you for your assistance in this matter.

Very truly yours,

Carol F. Smith, Paralegal to Harry A. Jones, Esquire

Carol J. Smith

Enclosures: As Noted



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 2, 2011

MCCLELLAND, JONES, LYONS, LACEY & WILLIAMS, L.L.C. ONE HARBOR PLACE 1901 SOUTH HARBOR CITY BLVD., SUITE 500 MELBOURNE, FL 32901-4770

SUBJECT: CITY SQUARE PROFESSIONAL CENTER, LLC

Ref. Number: W11000030086

We have received your document for CITY SQUARE PROFESSIONAL CENTER, LLC and your check(s) totaling \$150.00. However, the document has not been filed and is being retained in this office for the following:

The converting Florida entity must be active on our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

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Letter Number: 111A00013487

DIVISION OF CORFURATIONS

11 JUN -6 RM 12: 52

ARTICLES OF ORGANIZATION OF CITY SQUARE PROFESSIONAL CENTER, LLC

The undersigned subscriber to these Articles of Organization and intending to form and create a Limited Liability Company pursuant to the statutes of the State of Florida, does hereby state and certify the following:

I.

The name of the Limited Liability Company shall be CITY SQUARE PROFESSIONAL CENTER, LLC.

II.

The mailing and street address of the Limited Liability Company and its principal office is: 815 S Washington Avenue, Titusville, FL 32780.

III.

The name and street address of the initial registered agent of the Limited Liability Company in the State of Florida is ROBERT J. TELFER, JR., at 815 S Washington Avenue, Titusville, FL 32780.

IV.

The Limited Liability Company shall be managed by one or more Managers designated by the Members and the activities of the Limited Liability Company shall be conducted as a Manager-managed company in accordance with the terms of the Limited Liability Company Operating Agreement.

V.

The name and address of the Initial Manager(s) of the Limited Liability Company is as follows:

Name

Address

Robert J. Telfer, Jr.

815 S Washington Avenue Titusville, FL 32780

VI.

The Limited Liability Company shall be initially organized with four (4) members. The name and address of the Initial Members of the Limited Liability Company are:

Name

Address

Robert J. Telfer, Jr., Trustee of The Nora D. Telfer Trust 815 S Washington Avenue Titusville, FL 32780

Michael L. Reda and Maureen Reda, Tenants by the Entirety

815 S Washington Avenue Titusville, FL 32780

Daniel P. Faherty

815 S Washington Avenue Titusville, FL 32780

VII.

The Limited Liability Company shall have the right to add additional members according to the terms of the Limited Liability Company Operating Agreement.

VIII.

This Limited Liability Company shall exist perpetually.

IN WITNESS WHEREOF, the undersigned, in his respective capacities as initial members and initial manager for the purpose of forming a Limited Liability Company under the laws of the State of Florida, does make and file these Articles of Organization, hereby declaring and certifying that the facts herein stated are true and hereunto sets his hand and seal this ________, day of _________, 2011.

Initial Member(s):

ROBERT J/TBLFER, JR, Trustee

Initial Manager(s):

STATE OF FLORIDA COUNTY OF BREVARD

BEFORE ME, the undersigned authority, an officer duly authorized to administer oaths and take acknowledgments, personally appeared ROBERT J. TELFER, JR., known to me to be the person who executed the foregoing Articles of Organization, and acknowledged before me that he executed the same freely and voluntarily for the purposes therein expressed, as Initial Member-Manager and in his capacity as Trustee of the Nora D. Telfer Trust, Initial Member.

WITNESS my hand and official seal this 23rd day of Ma

2011.

Notary Public, State of Florida

My Commission Expires:

STATE OF FLORIDA **COUNTY OF BREVARD**

BEFORE ME, the undersigned authority, an officer duly authorized to administer oaths and take acknowledgments, personally appeared MICHAEL L. REDA and MAUREEN REDA, known to me to be the persons who executed the foregoing Articles of Organization, and acknowledged before me that they executed the same freely and voluntarily for the purposes therein expressed, as Initial Members.

WITNESS my hand and official seal this 232 day of me 2011.

> Notary Public, State of Flored My Commission Expires

STATE OF FLORIDA COUNTY OF BREVARD

BEFORE ME, the undersigned authority, an officer duly authorized to administer oaths and take acknowledgments, personally appeared DANIEL P. FAHERTY, known to me to be the person who executed the foregoing Articles of Organization, and acknowledged before me that he executed the same freely and voluntarily for the purposes therein expressed, as Initial Member.

WITNESS my hand and official seal this 232 day of Ma 2011.

> Notary Public, State of Florida HAINING THE

My Commission Expires:

STATEMENT OF DESIGNATION AND ACCEPTANCE OF INITIAL REGISTERED AGENT AND REGISTERED OFFICE OF CITY SQUARE PROFESSIONAL CENTER, LLC

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned hereby files this statement of the designation and acceptance of the initial registered agent of the Limited Liability Company.

The street address of the initial registered office of this Limited Liability Company is 815 S Washington Avenue, Titusville, FL 32780 and the name of the initial registered agent of this Limited Liability Company at that address is ROBERT J. TELFER, JR.

DATED this $\frac{33}{}$ day of $\frac{1}{}$, 2011.

CITY SQUARE PROFESSIONAL CENTER, LLC

ROBERT J. TELFER, JR., MANAGER

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

I hereby accept appointment as the registered agent of CITY SQUARE PROFESSIONAL CENTER, LLC, at the initial registered office of the Limited Liability Company at 815 S Washington Avenue, Titusville, FL 32780.

ROBERT J. TELFER, JÎ