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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE		LC.	
5000		Limited Liabili	ty Company
The enc	losed Articles of Organization and fee(s) are submitted	for filing.
Please re	eturn all correspondence concerning this	s matter to the fo	ollowing:
	Kenneth T Mundorf		
		Address The concerning this matter to the following: The Mundorf Name of Person Firm/Company Set of Organization and fee(s) are submitted for filing, espondence concerning this matter to the following: The Mundorf Name of Person Firm/Company Set of City/State and Zip Code Ort(@cfl.rr.com) E-mail address: (to be used for future annual report notification) The concerning this matter, please call: Set of Person Area Code Daytime Telephone Number The following amount: Set of Status Certificate of Status Certified Copy (additional copy is enclosed) Set of Corporations Set of Corporations New Filing Section Trision of Corporations Division of Corporations Citifon Building City/State and Zip Code City/State and Zip Code Address Street Address New Filing Section Division of Corporations Citifon Building City/State and Zip Code Set of Corporations Street Address New Filing Section Division of Corporations Citifon Building	
		Firm/Cor	nnany.
	5972 Goleta Circle	riniveoi	прапу
		Addre	SS
	Melbourne, FL 32940		
	kenmundorf@cfl.rr.com	Brevard Executive Real Estate, LLC. Name of Limited Liability Company Articles of Organization and fee(s) are submitted for filing. all correspondence concerning this matter to the following: enneth T Mundorf Name of Person Firm/Company 772 Goleta Circle Address elbourne, FL 32940 City/State and Zip Code mundorf@cfl.rr.com E-mail address: (to be used for future annual report notification) rmation concerning this matter, please call: In Mundorf Name of Person Area Code Daytime Telephone Number sheek for the following amount: 24 Fee \$\int \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Street Address New Filing Section Division of Corporations P.O. Box 6327	
	E-mail address: (to be u	sed for future as	nnual report notification)
For furthe	er information concerning this matter, pl	ease call:	
	Ken Mundorf		626-5933
			Daytime Telephone Number
Enclosed	d is a check for the following amount:		
] \$125.00		L-Certific	d Copy Certificate of Status & Certified Copy
	New Filing Section Division of Corporations P.O. Box 6327]] (New Filing Section Division of Corporations Clifton Building

Tallahassee, FL 32301



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

15 JUL 10 AM 10: 37

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Brevard Executive Real Estate, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address: The mailing address and street ad	ldress of the principal of	office of the Limi	ted Liability Company is:		
<u>Principa</u>	al Office Address:		Mailing Address:		
3270 Suntree Blvd.		5	972 Goleta Circle		
Suite 157		N	Melbourne, Fl 32940		
Melbourne, Fl 32940					
another business entity with an a The name and the Florida street a	ctive Florida registrati	on.) d agent are:	nt. You must designate an individual or		
Name					
5972 Goleta Circle					
	Florida street address (P.O. Box NOT acceptable)				
	Melbourne	FL	32940		
	City	State	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 605, F.S..

(CONTINUED)

Registered Agent's Signature (KEQUIRED)

Page 1 of 2



ARTICLE IV-The name and address of each person authorized to manage and control the Limited Libridge Comban 41 10: 37 Name and Address: SECRETARY OF STATE "AMBR" = Authorized Member TALLAHASSEE. SI ORIDA "MGR" = Manager AMBR Kenneth T Mundorf 5972 Goleta Circle Melbourne, FL 32940 MGR Gwen A Mundorf 5972 Goleta Circle Melbourne, FL 32940 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. **ARTICLE VI:** Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Kenneth T Mundorf 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)