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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

FLORIDA LIMITED LIABILITY CO. Cape Canaveral Property Owner, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Cape Canaveral Property Owner, LLC	
(Must contain the words "Limited Liability 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:	Mailing Address:
2141 S Alternate A1A, Suite 440	2141 S Alternate A1A, Suite 440
Jupiter, FL 33477	Jupiter, FL 33477

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

	Name	
2141 S Alternate Al	A, Suite 440	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	eceptable)
Jupiter	FL	33477

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Eric M. Levitt	_
	2141 S Alternate A A, Suite 440 Jupiter, FL 33477	_
	Jupiter, PL 35477	-
		_
		_
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(Use attachment if necessary)		
(Ose attachment if necessary)		
the date of filing.) Note: If the date inserted in this block does the document's effective date on the Departn	not meet the applicable statutory filing requirements, this date will not nent of State's records.	t be listed as
ARTICLE VI: Other provisions, if any.		
		
REQUIRED SIGNATURE:	M. Chit	
	a member or an authorized representative of a member.	
	secuted in accordance with section 605.0203 (1) (b), Florida Statutes.	
	false information submitted in a document to the Department of State	
constitutes a third de	egree felony as provided for in s.817.155, F.S.	
Eric M. Levi	**	
1.11¢ W. 1.¢V	Typed or printed name of signce	
	21 mm 1 mm 2 mm 2 mm	
	Filing Fees:	
	Organization and Designation of Registered Agent	2023 MA
\$ 30.00 Certified Copy (Options	al)	
\$ 5.00 Certificate of Status (Op	itional)	⊒ <u>u</u> ≥-