

L0300 0003410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

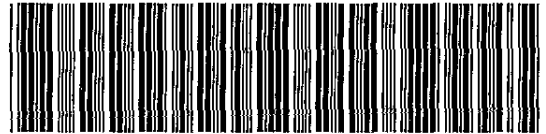
(Business Entity Name)

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BB
1-29-03

GRAYHARRIS
ATTORNEYS AT LAW

GRAY, HARRIS & ROBINSON, P.A.
SUITE 600
301 SOUTH BRONOUGH ST (32301)
P.O. BOX 11189
TALLAHASSEE, FLORIDA 32302-3189
TEL 850-222-7717
TEL 850-577-9090
FAX 850-222-3494
FAX 850-577-3311
WEB grayharris.com

E-MAIL ADDRESS

January 29, 2003

Division of Corporations
George Firestone Building
409 East Gaines Street
Tallahassee, FL 32301

Via Hand Delivery

To Whom It May Concern:

Enclosed for filing, please find the **ARTICLES OF ORGANIZATION**, along with a check in the amount of **\$195.00** for the applicable filing fees and fees to obtain **TWO (2) CERTIFIED COPIES** of the **ARTICLES OF ORGANIZATION** and **TWO (2) CERTIFICATES OF STATUS** for the following entity:

EPIL NEW BROAD STREET GP, LLC

Upon receipt, please "date stamp" the copy of this letter provided, and call me at 222-7717, when the document is ready. Thank you for your assistance in this matter.

Very truly yours,



Jill W. May, Paralegal

/jwm
Enclosures

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EPIL New Broad Street GP, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

<u>Mailing Address</u>	<u>Street Address</u>
Post Office Box 3010 Winter Park, Florida 32790-3010	250 South Park Avenue, Suite 630 Winter Park, Florida 32789

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

W.P. Battaglia
Name

250 South Park Avenue, Suite 630
Florida street address (P.O. Box **NOT** acceptable)

Winter Park, Florida 32789
City, State, and 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 608, Florida Statutes.

W.P. Battaglia
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

W.P. Battaglia
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), *Florida Statutes*, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

W.P. Battaglia, authorized representative of member
Typed or printed name of signee

APPROVED
AND
FILED
03 JAN 29 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:
 \$100.00 Filing Fee for Articles of Organization
 \$25.00 Designation of Registered Agent
 \$30.00 Certified Copy (OPTIONAL)
 \$5.00 Certificate of Status (OPTIONAL)