

LD3000004158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

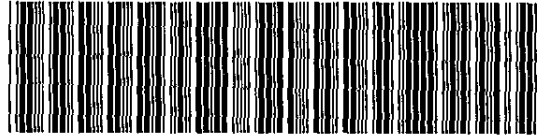
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700010376407

02/04/03--01001--013 \*\*155.00

FILED

03 FEB -3 PM 4:23 RECEIVED

02 FEB -3 PM 4:45

SECURITY STATE

FLORIDA

LD3-4158  
OK

CORP DIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: Tricia Tadlock  
DATE: 2.3.03  
REF. #: 0174.12613  
CORP. NAME: 200 South Washington  
Boulevard, L.L.C.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1                  | <input type="checkbox"/> UCC-3                        |
| <input type="checkbox"/> OTHER: _____                |   |   |

03 FEB -3 PM 1:26  
FILED  
JANE M. G. STATE  
TALLAHASSEE, FLORIDA

STATE FEES PREPAID WITH CHECK# \_\_\_\_\_ FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- ☒ CERTIFIED COPY      ☐ CERTIFICATE OF GOOD STANDING      ☐ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

Examiner's Initials

# ARTICLES OF ORGANIZATION

200 SOUTH WASHINGTON BOULEVARD, L.L.C.,  
a Florida limited liability company

## ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

200 SOUTH WASHINGTON BOULEVARD L.L.C.

## ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

200 S. Washington Blvd.  
Sarasota, FL 34236

## ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

N. J. Olivieri

200 S. Washington Blvd.  
Sarasota, FL 34236

## ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company.

03 FEB - 8 PM 1:23  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

FILED

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the  
31st day of January, 2003.

WITNESSES:

Jack M. Maag  
Print Name JACK M. MAAG

Cheryl E. Johnson  
Print Name CHERYL E. JOHNSON

N. J. Olivieri  
N. J. OLIVIERI

"MANAGER"

FILED

03 FEB - 9 PM 1:28

CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:  
  
200 SOUTH WASHINGTON BOULEVARD, L.L.C.
2. The name and the Florida street address of the registered agent are:  
  
N. J. Olivieri  
200 S. Washington Blvd.  
Sarasota, FL 34236

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: \_\_\_\_\_

1/31/03

  
\_\_\_\_\_  
N. J. OLIVIERI

"REGISTERED AGENT"

03 FEB - 2 PM 1:28  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

FILED