

C 21000519902

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : WHITE/PETERMAN PROPERTIES, INC.  
Account Number : I20210000047  
Phone : (219)757-3730  
Fax Number : (219)680-4255

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

Email Address: smustafa@whitepeterman.com

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ED

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2012 DEC 10 PM 4:02

FLORIDA LIMITED LIABILITY CO.  
View Outdoor, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

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Corporate Filing Menu

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

View Outdoor, LLC

**ARTICLE II – Address:**

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

**Principal Office Address:** 5925 Placida Rd.  
Englewood, FL 34224

**Mailing Address:** 9800 Connecticut Drive  
Suite A1-100  
Crown Point IN 46307

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

CT Corporation System  
Name

1200 S. Pine Island Road  
Florida Street Address (No P.O. Box)

Plantation, Florida 33324  
City, State, and Zip code

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SD

*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

Kimberly Bowens, Asst. Secretary

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**ARTICLE IV – Manager(s), Officers:**

The Company shall be Manager Managed. The Names and Addresses of each person authorized to manage or control the Limited Liability Company:

**Title:**

"MGR" = Manager

"AP" = Authorized Person"

**Name and Address:**

MGR

WMB Corp., an Indiana corporation  
9800 Connecticut Drive, Suite A1-100  
Crown Point, IN 46307

AP

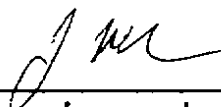
Kevin Carlson  
Treasurer, WMB Corp.  
9800 Connecticut Drive, Suite A1-100  
Crown Point, IN 46307

AP

Pete Schroeder  
President  
9800 Connecticut Drive, Suite A1-100  
Crown Point, IN 46307

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**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Jason Weisler as Secretary of WMB Corp.

Type or print name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization & Designation of Registered Agent

\$30.00 Certified Copy (Optional)

\$5.00 Certificate of Status (Optional)

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