

L220000037073119  
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

**FLORIDA LIMITED LIABILITY CO.**

**Spaniards Rd 310, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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SUNSHINE STATE  
TALLAHASSEE, FLORIDA

FAX AUDIT NO.: H22000003707 3

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

Spaniards Rd 310, LLC

**ARTICLE II – Address:**

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

**Principal Office Address:** 411 Park Ave.  
Suite 3  
Boca Grande, FL 33921

**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

*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:**

**Name and Address:**

"MGR" = Manager


MGR

Michael Foster  
411 Park Avenue  
Suite 3  
Boca Grande FL 33921

MGR

John M. Peterman  
909 10 Street South  
Unit 302  
Naples, FL 34102

**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.)

Michael Foster, Manager

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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