# FROM HILL, MARD, MENDERSON, P, (MC) 1.1000 16:0/ST. 1601; A 426029 A10 P 1

HILL WARD, MENDERSON, P. A.

	lm + ser	STORED	TIME	: SENT	DURATION	PAGE (S)	MODE	RESULT
DOCUMENT #	TIME	atonen					ECM	lox
4260294-049	Π.	7 14:29	1 1 7	7 14:29	1 1		1 2 0 100	
14200234-777	4.1					<del>27</del> -		

DESTINATION	DST. TEL #
#999#18509224003	0149#1#999#18509224003

Division of Corporations

Page 1 of 1

Chut: 8016-4 Pages: 3.

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document

(((H00000001114 8)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 922-4003

From:

Account Name : HILL, WARD & HENDERSON, P.A. II

Account Number: 072100000520

Phone : (813)221-3900

Fax Number : (813) 221-2900

\_\_\_\_\_

## LIMITED LIABILITY COMPANY

EVEREST PARTNERS, LLC

ALT:

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130 AA





FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 7, 2000

HILL, WARD & HENDERSON, P.A. II

SUBJECT: EVEREST PARTNERS, LLC

REF: W00000000623

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A limited liability company must be managed by a manager or a managing member not a general manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6094.

Agnes Lunt Document Specialist FAX Aud. #: H00000001114 Letter Number: 900A00001011

OD JAN TO PH 5: 00

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name

The name of the limited liability company is: EVEREST PARTNERS, LLC.

#### ARTICLE II - Address

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

100 North Tampa Street, Suite 3175 Tampa, Florida 33602.

#### ARTICLE III - Registered Office/Registered Agent

The name of the Limited Liability Company's registered agent is Stephen B. Straske II, Esq., and his address is 101 E. Kennedy Boulevard, Suite 3700, Tampa, FL 33602.

#### ARTICLE IV - Management

The Limited Liability Company is to be managed by a managing member.

#### ARTICLE V - Duration

The duration of the Limited Liability Company is to be perpetual.

Agnature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Stephen B. Straske П

Typed or printed name of signee

Prepared by:

Stephen B. Straske II, Esquire Hill, Ward & Henderson, P. A.

P. O. Box 2231, Tampa FL 33601-2231

(813) 221-3900

Florida Bar Number 060070

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or SECTION 608.507, FLORIDA STATUES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- The name of the Limited Liability Company is: EVEREST PARTNERS, LLC.
- The name and the Florida street address of the registered agent and office are:

Stephen B. Straske II, Esq. 101 E. Kennedy Boulevard, Suite 3700 Tampa, Florida 33602

Ilaving 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 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.

Stephen B. Straske U

Date: January 10, 2000

OR JAN 10 PH 5: 00