# LOM

L01000011574

ACCOUNT NO. : 072100000032

REFERENCE :

209981 727

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATES

July 3, 2001

ORDER TIME

9:53 AM

ORDER NO

209981-001

CUSTOMER NO:

7277565

CUSTOMER:

Mr. Dean A. Kershaw

Mr. Dean A. Kershaw

100004477831--3

1924 Westover Reserve Blvd

Windermere, FL 34786-6221

DOMESTIC FILING

NAME:

WESTOVER PARTNERS LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi - EXT. 1132

EXAMINER'S INITIALS:

OI JUL 16 PM 2: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

WESTOVER PARTNERS LLC

#### **ARTICLE II - Address:**

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

1924 WESTOVER RESERVE BOULEVARD, WINDERMERE, FLORIDA 34786

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

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

	Corporation Service Compa	ny	
	Name		
	1201 Hays Street		
	Florida street address (P.O. Box NOT accept Tallahassee FL	otable) 32301	
	City, State, and Zip	· · · · · · · · · · · · · · · · · · ·	<del></del>
Having been named as regist	tered agent and to accept service of proc	cess for the above stated	l limited
	e designated in this certificate, I hereby		
	o act in this capacity. I further agree to		
statutes relating to the prope	er and complete performance of my dutie	es and I am familiar wi	th and
accept the obligations of my	position as registered agent as provided	l for in Chanter 608 F	ri cirici C
	Corporation Service Company	i joi in Chapter 000, 1	)
ž	~	D D	
	Registered Agent's Signatedre	Laura R. Dun as its agen	•
Article IV - Management ( The Limited Liability C therefore, a manager - mana	Company is to be managed by one mana	ger or more managers	and is,
			ī'A s
(An addition	nal article must be added if an effective	date is requested)	FILE 1 JUL 16 1 ECRETARY C LAHASSEE
Signature of a member or an authorized representative of a member.			FILE 16 F SSFE
(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.)			ED PM 2: 1: OF STATE E, FLORIC
	LAURA R. DUNLAP		₽m ~
	Typed or printed name of signee	Laura R. Dunlap as its agent	
	Filing Fees:	so to agent	
	\$100.00 Filing Fee for Article \$ 25.00 Designation of Regist		

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

# WESTOVER PARTNERS LLC MEMBERS LIST

DEAN A. KERSHAW 1924 WESTOVER RESERVE BOULEVARD WINDERMERE, FLORIDA 34786

ceh

APPROVED AND FILED OI JUL 16 PM 2: 12

FILE No.389 07/05 '01 16:25 ID:CSC FAX:8505211010

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### LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of WESTOVER PARTNERS LLC

Organization of (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 5day of

Print Name of Signer

WITNESS:

Signature

SANDRA

Print Name of Witness

Print Name of Witness