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WOODBURN S. WESLEY, JR.  
PERSONAL INJURY  
WORKERS' COMPENSATION  
ACCIDENTAL DEATH

*Law Offices of*  
**WOODBURN S. WESLEY, JR.**  
*and Associates*

JOHN W. WESLEY  
PERSONAL INJURY  
WORKERS' COMPENSATION  
ACCIDENTAL DEATH

MICHAEL V. McGRILL  
PERSONAL INJURY  
WORKERS' COMPENSATION  
SOCIAL SECURITY DISABILITY

ARTHUR H. LESTER, M.D., J.D.

E-mail: wesleyandassociates@earthlink.net

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9/18 FL LLC

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SEPTEMBER 11, 2002

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\*\*\*\*125.00 \*\*\*\*125.00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
409 EAST GAINES STREET  
TALLAHASSEE, FLORIDA 32399

RE: ARTICLES OF ORGANIZATION  
WALTER P. GLOVER ENTERPRISES, LLC

DEAR SIR OR MADAM:

ENCLOSED PLEASE FIND THE ORIGINAL ARTICLES OF ORGANIZATION, REGARDING THE NEW LIMITED LIABILITY CORPORATION REFERENCED ABOVE. AN ADDITIONAL COPY OF THE ARTICLES HAVE BEEN PROVIDED. WOULD YOU PLEASE STAMP THIS COPY AS RECEIVED AND RETURN IN THE ENCLOSED, SELF-ADDRESSED, POSTAGE PAID ENVELOPE.

ALSO ENCLOSED IS THIS FIRM'S CHECK, NUMBERED 5181, IN THE AMOUNT OF \$125.00, REPRESENTING THE FILING FEE IN THIS MATTER.

SHOULD YOU REQUIRE ANYTHING FURTHER, PLEASE CONTACT OUR OFFICE AT YOUR EARLIEST CONVENIENCE.

SINCERELY,

*Candance Kerns-Powell*

CANDANCE KERNS-POWELL  
PARALEGAL TO:  
WOODBURN S. WESLEY, JR., ESQUIRE

/CKP  
ENCLOSURES  
1701/185.DOC

02 SEP 18 PM 1:45  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
WALTER P. GLOVER ENTERPRISES, LLC**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida, sets forth the following:

ARTICLE I - NAME

The name of this limited liability company is **Walter P. Glover Enterprises, LLC** (the "Company").

ARTICLE II - PERIOD OF DURATION

This Limited Liability Company shall have a perpetual existence commencing on the date of filing with the Department of State.

ARTICLE III- PURPOSE AND POWERS

This Limited Liability Company is organized for the purpose of conducting any and all lawful business not in conflict with the Statutes of the State of Florida. This Limited Liability Company shall have all powers enumerated in Chapter 608 mentioned above.

ARTICLE IV - MAILING AND STREET ADDRESS  
OF INITIAL PRINCIPAL OFFICE OF COMPANY

The mailing and street address for the principal office of the Company is 318 Brooks Street, Fort Walton Beach, FL 32548.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
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ARTICLE V - INITIAL REGISTERED AGENT

The name and street address of the initial registered agent in Florida for the Company is Walter P. Glover whose address is 318 Brooks Street, Fort Walton Beach, FL 32548.

ARTICLE VI- MANAGEMENT

The management will consist of one (1) manager. The name and address of the initial manager of this manager-managed limited liability company is as follows: Walter P. Glover, 318 Brooks Street, Fort Walton Beach, FL 32548.

ARTICLE VII - ADDITIONAL MEMBERS

The members of the limited liability company shall have the right to admit additional members upon unanimous written consent of all members of the company existing at that time.

ARTICLE VIII- CONTINUITY OF BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall not be continued and the Company shall be dissolved unless the business is continued by the consent of all remaining members.

ARTICLE IX- INDIVIDUALS FORMING COMPANY

The name and address of the Member of this limited liability company and his representative ownership interest is as follows: Walter P. Glover, 100%, 318

Brooks Street, Fort Walton Beach, FL 32548.

ARTICLE X - AUTHORIZED REPRESENTATIVE

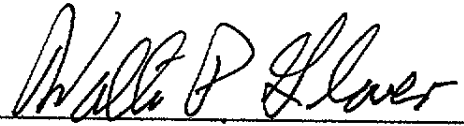
The name and address of the authorized representative for purposes of executing these Articles of Organization is Walter P. Glover, 318 Brooks Street, Fort Walton Beach, FL 32548.

IN WITNESS WHEREOF, the undersigned has executed these Articles on this 31 day of JULY, 2002, as the authorized representative for the Member of the Company.

By:   
Walter P. Glover  
Authorized Representative

**ACCEPTANCE BY THE REGISTERED AGENT**

I, Walter P. Glover, hereby accept appointment as Registered Agent for the Limited Liability Company, Walter P. Glover Enterprises, LLC, and do hereby understand and accept the obligation of the position, and acknowledge my acceptance with my signature below on this 31<sup>ST</sup> day of July 2002.



Walter P. Glover  
Registered Agent