# L02000027185

ACCOUNT NO. : 072100000032

REFERENCE: 781780 7353708

AUTHORIZATION : 1

COST LIMIT :

ORDER DATE: October 14, 2002

ORDER TIME : 8:35 AM

ORDER NO. : 781780-001

CUSTOMER NO: 7353708

700008375457--5

CUSTOMER: Mr. Eugene R. Wittke

Mr. Eugene R. Wittke

8217 Kiawah Trace

Port St. Lucie, FL 34986

DOMESTIC FILING

NAME:

WITCO PROPERTIES, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

ARTICLES OF ORGANIZATION Name

Availability PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

Pocument DEERTIFIED COPY Laminer : PLAIN STAMPED COPY ~CERTIFICATE OF GOOD STANDING

DCC

, contact Person: Darlene Ward - EXT. 1135

, arinyer

DCC (¿) no ledgement

DCC ? Verifyer

EXAMINER'S INITIALS: 15 M 10:23

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

# # T

The name of the Limited Liability Company is:

WITCO PROPERTIES, LLC

### ARTICLE II - Address:

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

8217 Kiawah Trace, Port St. Lucie, Florida 34986

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

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

	Corporation S	Service Co	mpany			_	
	Nan	ie			 	72	
	1201 Ha	ys Street			RET AH/	130	_
	Florida street address (P.O. Box NOT acceptable)				ASSI VAITA	5	-
	Tallahassee	FL	32301		F 79	PH	Ţ
	City, State,	and Zip			LOR		
Having been named as reg liability company at the plo registered agent and agree statutes relating to the pro- accept the obligations of m	ace designated in this cert to act in this capacity. I j per and complete perform	ficate, I her further agre ance of my a	reby accept the to comply v duties, and I	he appoint with the pi am familid	tment as rovision ar with	s is of a	
	Corporation Service  By: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 // /_ '	ature De	eborah E Asst. V	). Skip . Pres.	рег	
	nt (Check box if applicate Company is to be manage managed company.		nanager or m	ore mana	gers an	d is,	
(An addit	ional article must be adde	d if an effec	ctive date is r	equested)	)		
	Delion	s al I	Ripper				
Signat	ure of a member or an autho	rized represe	ntative of a m	ember.			
of this	cordance with section 608.408 document constitutes an affirm the facts stated herein are true.)	(3), Florida St nation under t	atutes, the exec he penalties of	ation perjury			
	Deborah D.	Skipper	·				
	Typed or printed	name of signe	e	•			

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

MANAGING MEMBER OF: <u>WITCO PROPERTIES</u>, <u>LLC</u>

Eugene R. Wittke Managing Member

ن **گ**وند

> 8217 Kiawah Trace Port St. Lucie, Florida 34986

> > SECRETARY OF STATE

### 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 Organization of WITCO PROPERTIES, LLC

(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 Utay of

Signature

Print Name of Signer

WITNESS:

Signature

Print Name of Witness

WITNESS:

Signature

Debra M MORRIS

Print Name of Witness