

L02000028520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

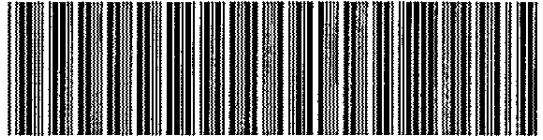
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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AND  
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02 OCT 25 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10-2802

LAW OFFICES  
**SHULER AND SHULER**  
34 FOURTH STREET  
POST OFFICE DRAWER 850  
APALACHICOLA, FLORIDA 32329

ALFRED O. SHULER  
J. GORDON SHULER  
THOMAS M. SHULER

TELEPHONE: (850) 653-9226  
FACSIMILE: (850) 653-3362

October <sup>22</sup> 21, 2002

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

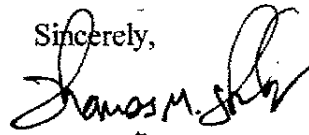
Re: Washington Street House, LLC

Dear Sir/Madam:

Enclosed you will find the Articles of Incorporation for Washington Street House, LLC. You will also find a check in the amount of \$125.00 for your filing fee.

Thank you for your attention to this, and please let me know if you need any additional information.

Sincerely,



Thomas M. Shuler

TMS:mm  
Enc: As Stated

02 OCT 25 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

APPROPRIATE  
AND  
FILED

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Washington Street House, LLC

**ARTICLE II - Address:**

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

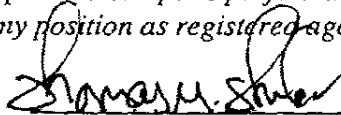
185 North Bayshore Drive  
Eastpoint, Florida 32328

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

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

Thomas M. Shuler  
Name  
34-4th Street  
Florida street address (P.O. Box **NOT** acceptable)  
Apalachicola FL 32320  
City, State, and Zip

*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 608, F.S..*

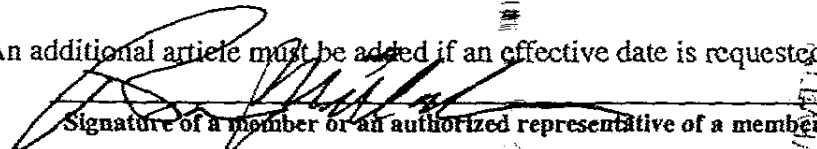


Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)



(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.)

Bruce Millender

Typed or printed name of signee

02 OCT 25 AM 9:46  
APPROVED AND FILED  
OFFICE OF THE CLERK OF THE STATE OF FLORIDA

**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)