

LD300 0003410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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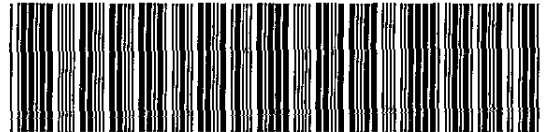
(Business Entity Name)

(Document Number)

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1-29-03

GRAY, HARRIS & ROBINSON, P.A.

SUITE 600  
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TALLAHASSEE, FLORIDA 32302-3189  
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WEB grayharris.com

E-MAIL ADDRESS

**GRAYHARRIS**  
ATTORNEYS AT LAW

January 29, 2003

Division of Corporations  
George Firestone Building  
409 East Gaines Street  
Tallahassee, FL 32301

**Via Hand Delivery**

To Whom It May Concern:

Enclosed for filing, please find the **ARTICLES OF ORGANIZATION**, along with a check in the amount of **\$195.00** for the applicable filing fees and fees to obtain **TWO (2) CERTIFIED COPIES** of the **ARTICLES OF ORGANIZATION** and **TWO (2) CERTIFICATES OF STATUS** for the following entity:

**EPIL NEW BROAD STREET GP, LLC**

Upon receipt, please "date stamp" the copy of this letter provided, and call me at 222-7717, when the document is ready. Thank you for your assistance in this matter.

Very truly yours,



Jill W. May, Paralegal

/jwm  
Enclosures

AND  
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TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**EPIL New Broad Street GP, LLC**

### ARTICLE II - Address:

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

Mailing Address

Post Office Box 3010  
Winter Park, Florida 32790-3010

Street Address

250 South Park Avenue, Suite 630  
Winter Park, Florida 32789

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

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

W.P. Battaglia

Name

250 South Park Avenue, Suite 630

Florida street address (P.O. Box **NOT** acceptable)

Winter Park, Florida 32789

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, Florida Statutes.*

W.P. Battaglia

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)

W.P. Battaglia

Signature of a member or an authorized representative of a member.

(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.)

W.P. Battaglia, authorized representative of member

Typed or printed name of signee

#### 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)

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TALLAHASSEE, FLORIDA

APPROVED  
AND  
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