# 103000003427

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,
1.0
1/24/18

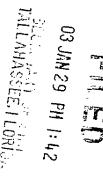
Office Use Only



200010943072

01/29/03--01067--012 \*\*195.00





GRAY, HARRIS & ROBINSON, P.A.

SUITE 500

301 SOUTH BRONOUGH ST. (32301

P.O. BOX 11189

TALLAHASSEE, FLORIDA 32302-318

TEL 850-222-7717
TEL 850-577-9090

FAX 850-222-3494 FAX 850-577-3311

E-MAIL ADDRESS

wes gravharris.com

Via Hand Delivery

January 29, 2003

Division of Corporations George Firestone Building 409 East Gaines Street

Tallahassee, FL 32301

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 MORSE BOULEVARD, 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

The name of the Limited Liability Company is:

### **EPIL Morse Boulevard, LLC**

#### ARTICLE II - Address:

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

#### Mailing Address

Street Address

Post Office Box 3010 Winter Park, Florida 32790-3010 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  Signature:
W.P. Battaglia
Name ST 0
250 South Park Avenue, Suite 630
Florida street address (P.O. Box NOT acceptable)
Winter Park, Florida 32789
City, State, and Zip
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 Statues.  Registered Agent's Signiture
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)
· 1.0R

W.P. Battaglia, authorized representative of member

Signature of a member or an authorized refresentative 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.)

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)