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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

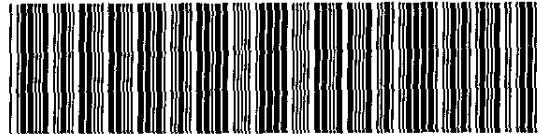
(Business Entity Name)

(Document Number)

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STATE  
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**GRAYHARRIS**  
ATTORNEYS AT LAW

GRAY, HARRIS & ROBINSON, P.A.

SUITE 600  
301 SOUTH BRONOUGH ST. (3230  
P.O. BOX 11189  
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TEL 850-222-7717  
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WEB grayharris.com

E-MAIL ADDRESS

February 6, 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 a **TWO (2) CERTIFIED COPIES** of the **ARTICLES OF ORGANIZATION** and **TWO (2) CERTIFICATES OF STATUS** for the following entity:

**EPIL MORSE BOULEVARD TRUSTEE, 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*

Jill W. May, Paralegal

/jwm  
Enclosures

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**EPIL Morse Boulevard Trustee, 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

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.*

  
\_\_\_\_\_

Registered Agent's Signature

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

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

The name and address of the initial Manager, who is to serve as Manager until the first annual meeting of the Members or until his successor is elected and qualified, is:

W.P. Battaglia

Name

250 South Park Avenue, Suite 630

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

Winter Park, Florida 32789

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**Article V – Commencement of Existence**

The existence of the Limited Liability Company shall commence on the date of the filing of these Articles of Organization with the Florida Office of the Secretary of State.

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, Manager and Authorized Representative of a 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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