

L 03000028386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

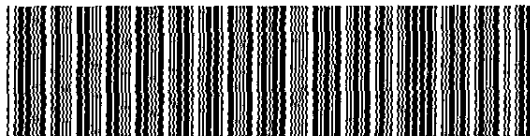
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900021593429

FILED
03 AUG - 1 PM 3:23
SEATTLE
TALLAHASSEE, FLORIDA

RECEIVED
03 AUG - 1 PM 12:38
DIVISION OF CORPORATION

BK



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 191368 8739A

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 125.00

FILED
03 AUG -1 PM 3:23
TALLAHASSEE, FLORIDA

ORDER DATE : August 1, 2003

ORDER TIME : 11:49 AM

ORDER NO. : 191368-005

CUSTOMER NO: 8739A

CUSTOMER: Jonathan Shepard, Esq
Siegel Lipman Dunay &
Shepard, LLP
Suite 801
5355 Town Center Road
Boca Raton, FL 33486

DOMESTIC FILING

NAME: WHITE DRIVE ASSOCIATES, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION
OF
WHITE DRIVE ASSOCIATES, LLC

FILED
03 AUG - 1 PM 3:25
TALLAHASSEE, FLORIDA

Article I - Name: The name of the Limited Liability Company is White Drive Associates, LLC.

Article II - Address: The mailing address and street address of the principal office of the Limited Liability Company is 6192 North Federal Highway, Boca Raton, Florida 33487.

Article III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Jonathan L. Shepard
5355 Town Center Road, Suite 801
Boca Raton, Florida 33486

Having been named as registered agent and to accept service of process of 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.



Jonathan L. Shepard


Jonathan L. Shepard,
Authorized Representative

(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.)