

W04000022870

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000063165 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAR 24 PM 3:03

FILED

To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)222-9428

LIMITED LIABILITY COMPANY

Twenty-Four Parked Place, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

SECRETARY OF STATE

04 MAR 25 AM 8:09

RECEIVED

Electronic Filing Menu

Corporate Filing

Public Access Help

6

W04-22870  
OK

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Twenty-Four Parked Place, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

610 Parking Intermediary Corp.  
1800 E. High St, Suite 217  
Pottstown, PA 19444

**Mailing Address:**

same

FILED  
MAR 11 2003  
TALLAHASSEE FLORIDA

MAR 11 2003

FILED

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

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

CT Corporation System

Name

1200 South Pine Island Road

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

Plantation

FLORIDA 33324

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.*

CT Corporation System

By: James Newsome

Registered Agent's Signature

**JAMES NEWSOME  
SPECIAL ASSISTANT SECRETARY**

**ARTICLE IV- Manager(s) or Managing Member(s):**  
 The name and address of each Manager or Managing Member is as follows:

**Title:**  
 "MGR" = Manager  
 "MGRM" = Managing Member

**Name and Address:**

MGRM.

Packing Intermediary Corp.  
1200 E. High St. Edith  
Pottstown, PA 19404

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SECRETARY OF STATE  
 PALM BEACH, FLORIDA

10 MAR 21 09 31 03

FILED

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

Susan A. Umstead **Vice President - Administration**  
 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.)

SUSAN S. UMSTEAD  
 Typed or printed name of signer

- 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)