

L04000041351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

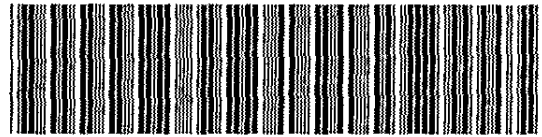
(Business Entity Name)

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APR 27 2004  
FILED  
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05/27/04

6-204

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ernst & Webb, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert A. Lucas

(Name of Person)

Dinsmore & Shohl LLP

(Firm/Company)

1900 Chemed Center, 255 East Fifth Street

(Address)

Cincinnati, Ohio 45202

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert A. Lucas

(Name of Person)

at ( 513 ) 977-8109

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

04 NOV 27 AM 10:46  
SECRETARY'S OFFICE  
TALLAHASSEE, FLORIDA  
FILED

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Ernst & Webb, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

963 Barcamil Way

Naples, FL 34110

**Mailing Address:**

963 Barcamil Way

Naples, FL 34110-0905

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

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

Charles R. Webb

\_\_\_\_\_  
Name

963 Barcamil Way

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

Naples

FLORIDA 34110

\_\_\_\_\_  
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..*

By: Charles R. Webb

\_\_\_\_\_  
Registered Agent's Signature

APPROVED  
AND  
FILED  
04 MAY 27 AM 10:45  
S-602 (PARTIAL)  
TALLAHASSEE, FL 32301

**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

Charles R. Webb  
963 Barcarnil Way  
Naples, FL 34110

MGRM

Robert Ernst  
26042 Clarkston Drive  
Bonita Springs, FL 34135

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

*Charles R. Webb*

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.)

By:

Typed or printed name of signee

Charles R. Webb  
963 Barcarnil Way  
Naples, FL 34110

**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)