

W4000053144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

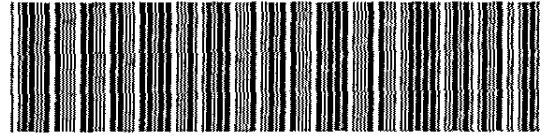
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JUL 14 10:53  
MICHIGAN

W4-53144  
or

**Husch &  
Eppenberger, LLC**  
*Attorneys and Counselors at Law*

1200 Main Street, Suite 1700  
Kansas City, Missouri 64105  
816.421.4800  
Fax 816.421.0596  
www.husch.com

July 13, 2004

**VIA FEDERAL EXPRESS**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: 10143 Lombardy, L.L.C.

Dear Clerk:

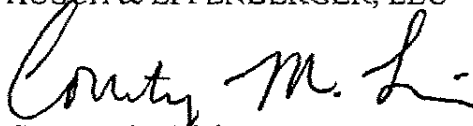
Enclosed for filing are Articles of Organization for the above referenced Florida Limited Liability Company. Also enclosed is a check in the amount of \$125.00 for the filing fee and a self-addressed, postage prepaid envelope for your convenience in returning the recorded Articles to our office.

Per my conversation with your office of this date, the filing date of the Articles will be the date the Articles are received by your office. As this is being sent via Federal Express today, the filing date of the Articles should be July 14, 2004.

If you have any questions or require further information, please do not hesitate to contact me. Thank you for your assistance.

Sincerely,

HUSCH & EPPENBERGER, LLC

  
Courtney M. Lieb

CML:ma  
Enclosures

cc: Jonathan Angrist  
Peter W. Brown  
Stephanie K. Hall

FILED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
JUL 14 2004

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 10143 Lombardy, L.L.C.  
(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:

Stephanie K. Hall  
(Name of Person)

Husch and Eppenberger, L.L.C.  
(Firm/Company)

1700 Main Street, Suite 1700  
(Address)

Kansas City, Missouri 64105  
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephanie K. Hall at ( 816- ) 283-4669  
(Name of Person) (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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 JUN 14 11:10:59

FILED

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

10143 Lombardy, L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

10143 Lombardy Drive

10143 Lombardy Drive

Tamarac, Florida 33321

Tamarac, Florida 33321

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

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

Barbara Angrist

Name

10143 Lombardy Drive

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

Tamarac,

FLORIDA 33321

City, State, and Zip

FILED  
STATE OF FLORIDA  
TAMARAC, FLORIDA

04 JUL 15 PM 10:55

*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..*

*Barbara Angrist*  
Registered Agent's Signature

**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

Barbara Angrist, Trustee of the Barbara Angrist  
Revocable Living Trust dated November 20, 2002  
10143 Lombardy Drive, Tamarac, FL 33321

MGRM

Jonathan Angrist, Trustee of the Jonathan  
Angrist Revocable Trust dated December 24, 2003  
6632 Wenonga Rd., Shawnee Mission, KS 66208

MGRM

Meredith Rich Angrist, Trustee of the Meredith Rich  
Angrist Revocable Trust dated December 24, 2003  
6632 Wenonga Rd., Shawnee Mission, KS 66208

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

*Barbara Angrist*

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.)

BARBARA ANGRIST

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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04 JUL 14 7:10:53  
TAMPA, FLORIDA