

L04000057255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400038339244

07/16/04--01003--018 \*\*800.00

08/02/04--01006--021 \*\*200.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 AUG -2 AM 9:59

✓ 08/08/04

5p



July 2, 2004

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

W04-27509

Ladies/Gentlemen:

Enclosed for filing are 8 entities along with a check in the amount of \$800.00 for filing fees.

Thank you for your attention to this matter. Please contact me with any questions.

Very truly yours,

A handwritten signature in cursive script that reads "Dawn Manuelle".

Dawn Manuelle  
Legal Assistant

Enclosures

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 AUG -2, AM 9:59



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 19, 2004

DAWN MANUELLE  
CONSOLIDATED MANAGEMENT, INC.  
24500 CHAGRIN BLVD.  
BEACHWOOD, OH 44122

SUBJECT: WBR SNELL LLC  
Ref. Number: W04000027509

We have received your document for WBR SNELL LLC and check(s) totaling \$800.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 604A00045601

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STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

WBR Snell LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

411 77th Avenue, N.

St. Petersburg, FL 33702

**Mailing Address:**

24500 Chagrin Blvd. #200

Beachwood, OH 44122

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

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

Robert G. Risman

Name

411 77th Avenue, N.

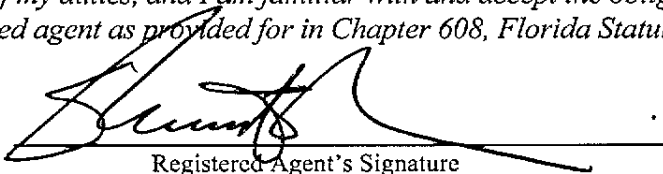
Florida street address (P.O. Box **NOT** acceptable)

St. Petersburg

FLORIDA 33702

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

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**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:**

MGR

William B. Risan

411 77th Avenue, N.

St. Petersburg, FL 33702

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**



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.)

William B. Risan

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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