

L04000057257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

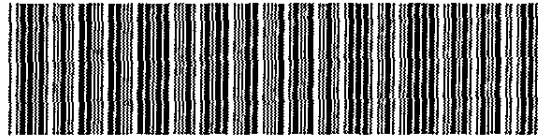
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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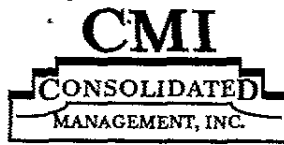
07/16/04--01003--018 **800.00

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

08/03/04

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG -2 AM 10:04

50



July 2, 2004

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

604-2711

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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DIVISION OF CORPORATIONS
04 AUG - 2 AM 10:04



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 PALMWAY LLC
Ref. Number: W04000027511

We have received your document for WBR PALMWAY 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: 604A00045602

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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 Palmway 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, Ohio 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

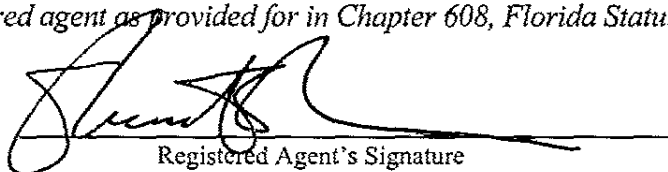
FLORIDA

33702

City, State, and Zip

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
44 AUG - 2 AM 10: 04

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

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:

<u>MGR</u>	<u>William B. Risman</u>
	<u>411 77th Avenue, N.</u>
	<u>St. Petersburg, FL 33702</u>
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(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. Risman
Typed or printed name of signee

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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)