

L05000025307

(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



800048031468

03/11/05--01027--001 \*\*125.00

05 MAR 11 PM 3:03  
TALLAHASSEE, FLORIDA

LAW OFFICES

**SLAGLE, BERNARD & GORMAN**

A PROFESSIONAL CORPORATION  
— Since 1919 —

600 PLAZA WEST BUILDING  
4600 MADISON AVENUE

KANSAS CITY, MISSOURI 64112-3031

TELEPHONE (816) 410-4600

FAX (816) 561-4498

Direct Dial (816) 410-4633

JAMES H. BERNARD  
KENNETH I. FLIGG, JR.\*  
RICHARD F. ADAMS  
GERALD W. GORMAN  
ROGER T. HURWITZ  
ERNEST N. YARNEVICH, JR.  
DOUGLAS N. GHERTNER  
STANLEY N. WILKINS\*  
JAMES R. MUELLER  
JAMES H. BERNARD, JR.  
THOMAS L. LASLEY  
VINCENT L. GUALTIER

RODNEY J. HOFFMAN\*  
STEPHEN P. HORN  
RICHARD H. WAGSTAFF, III\*  
DAVID G. WATKINS  
ROBERT A. STOPPERAN\*  
JAMES B. ARNETT\*  
JACK D. MCINNES V

WARREN E. SLAGLE  
(1915-1999)

\*ADMITTED IN MISSOURI AND KANSAS

March 10, 2005

**Via Federal Express**

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

Re: Dolphin, LLC

To Whom It May Concern:

Enclosed are duplicate originals of the Articles of Organization for Dolphin, LLC. Please transmit your acknowledgment letter to my attention at 4600 Madison Avenue, Suite 600, Kansas City, MO 64112 and by facsimile at 816-561-4498.

Please contact me should you have any questions or further information is necessary. Thank you in advance for your cooperation.

Sincerely,



James B. Arnett

JBA/ljg  
Enclosure

05 MAR 11 PM 3:03  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DOLPHIN, 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:

James B. Arnett  
(Name of Person)

Slagle, Bernard & Gorman, P.C.  
(Firm/Company)

4600 Madison Avenue, Suite 600  
(Address)

Kansas City, Missouri 64112  
(City/State and Zip Code)

For further information concerning this matter, please call:

James B. Arnett at (816) 410-4633  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

05 MAR 11 PM 3:03  
TALLAHASSEE, FLORIDA

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

**DOLPHIN, L.L.C.**

**ARTICLE I - Name:**

The name of the Limited Liability Company is DOLPHIN, L.L.C..

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is 203 Pass Key Road, Sarasota, Florida 34242.

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

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

BRUCE A. REED

Name

203 Pass Key Road

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

Sarasota, Florida 34242

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, F.S.*

By Bruce A. Reed

Bruce A. Reed

Registered Agent's Signature

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

The name and address of each Manager or Managing Member is as follows:

MGRM

Bruce A. Reed, Trustee of the  
Bruce A. Reed Trust UAD 10-12-1991  
203 Pass Key Road  
Sarasota, Florida 34242

MGRM

Page Branton Reed, Trustee of the  
Page Branton Reed Trust UAD 10-12-1991  
203 Pass Key Road  
Sarasota, Florida 34242

By Bruce A. Reed  
Bruce A. Reed, Trustee of the  
Bruce A. Reed Trust UAD 10-12-1991  
203 Pass Key Road  
Sarasota, Florida 34242

By Page Branton Reed  
Page Branton Reed, Trustee of the  
Page Branton Reed Trust UAD 10-12-1991  
203 Pass Key Road  
Sarasota, Florida 34242

(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.)

Bruce A. Reed, Trustee of the Bruce A. Reed Trust UAD 10-12-1991, Member  
Typed or printed name of signee

Page Branton Reed, Trustee of the Page Branton Reed Trust UAD 10-12-1991, Member  
Typed or printed name of signee

05 MAR 11 PM 3:04  
TALLAHASSEE, FLORIDA