

L05000074649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

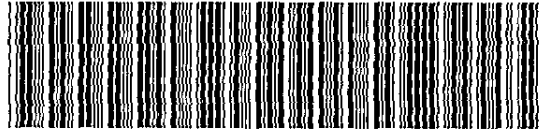
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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05 JUL 29 AM 10:56

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 512952 4305626

AUTHORIZATION

*Patricia Pizute*

COST LIMIT : \$ 125.00

FILED  
05 JUL 29 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : July 29, 2005

ORDER TIME : 9:29 AM

ORDER NO. : 512952-005

CUSTOMER NO: 4305626

CUSTOMER: Sue Metrow  
Saul Ewing Llp

38th Floor, Centre Square West  
1500 Market Street  
Philadelphia, PA 19102

DOMESTIC FILING

NAME: EAST COAST DEVELOPMENT LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: \_\_\_\_\_

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

**FILED**  
05 JUL 29 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

EAST COAST DEVELOPMENTS LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

850 Symphony Lane

Blue Bell, PA 19422

**Mailing Address:**

850 Symphony Lane

Blue Bell, PA 19422

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

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

Bill Laphen

Name

43 Fullerwood Drive

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

St. Augustine

FLORIDA 32084

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..*

Will Laphen  
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

Michael G. Shertz

850 Symphony Lane

Blue Bell, PA 19422

MGRM

Lizabeth P. Shertz

850 Symphony Lane

Blue Bell, PA 19422

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Susan M. Metrow

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.)

SUSAN M. METROW

Typed or printed name of signer

**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)