Divicion of Corporations

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000188123 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tot

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: DELOACH & HOFSTRA, P.A.

Account Number : I19990000123

Phone

(727)397-5571

Fax Number

(727)393-5418

	A/FOREIGN LIMI	TED LIM
	EJB Westbroo	k, LLC
	Certificate of Status	0
•	Certified Copy	0
ji	Page Count	01
	Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H06000188123 3)))

A

RTICLES OF ORGA	NIZATION FOR F	LORIDA LIMITED LIABIL	IIY CO	MPA	NY
ARTICLE I - Name: The name of the Limite	ed Liability Company is	3 :			
EJB Westbrook, LLC			<u>.</u>		
(Must end with the words "Lin	nited Liability Company, "Lim	ited Company" or their abbreviation "LLC,	" or "L.C.,")		
ARTICLE II - Addres The mailing address an		principal office of the Limited Li	ability Co	mpan	ıy is:
Principal Office Addr	ess:	Mailing Address:			
8640 Seminale Boulevard		8640 Seminole Boulevard			
Seminole, FL 33772		Seminole, FL 33772		-	
_				_	
<u>864</u> Ser	ida street address of the er T. Hofstra Nam 10 Seminole Boulevard Florida street a ninole, FL 33772 City, State	e i ddress (P.O. Box <u>NOT</u> acceptable) FL	SECRETARY OF STATE TALLAHASSEE, FLORIDA OPERATOR OF STATE	06 JUL 25 AM 10: 27 de	mited
liability company a registered agent and a statutes relating to th	t the place designated ir gree to act in this capac te proper and complete p	n this certificate, I hereby accept to aity. I further agree to comply with performance of my duties, and I a gistered-agent as provided for in (he appoint h the provi m familiar	tment isions with	as of all and
•	•	•			

(CONTINUED) (((H06000188123 3))) Page 1 of 2

(((H06000188123 3)))

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

MGRM		Dennis R. DeLoach, Jr., and Peter T. Hofstra, as
<u></u>		Co-Trustees of the E.J. Bickley Trust est. u/wid
		4-19-82, Ernest J. Bickley, Deceased
		•
ment of the second		
	-	
	• •	
	, if other than the	
EV: Effective date lective date date days after the date of REQUIRED SIGN.	the date must be filling.)	date of filing: (OPTION) e specific and cannot be more than five business da for an authorized representative of a member.
EV: Effective date ective date days after the date of EEQUIRED SIGN. Sign (In of	ATURE;	e specific and cannot be more than five business da er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution that an affirmation under the penalties of perjury
E V: Effective date ective date is listed, lays after the date of EQUIRED SIGN. Sign (In of	ATURE:	e specific and cannot be more than five business de compart of an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution that an affirmation under the penalties of perjury

of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

(((H06000188123 3))) Page 2 of 2