

Oct 26 06 04:00p

Division of Corporations

p.1

Page 1 of 1

**L060001041633**

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.

((H06000261865 3)))



H060002618653ABC1

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

To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : LOUIS N. SCHOLNIK, P.A.  
Account Number : I20010000132  
Phone : (954) 771-4790  
Fax Number : (954) 364-4351

*BM*

DIVISION OF CORPORATION

06 OCT 26 PM 4: 14

RECEIVED

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Walbrook LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 OCT 26 AM 10: 07

FILED

Electronic Filing Menu

Corporate Filing Menu

He

10/26/2006

((H06000261865 3)))

## **ARTICLES OF ORGANIZATION OF WALBROOK LLC**

### **ARTICLE I**

The name of this limited liability company shall be **WALBROOK LLC**.

### **ARTICLE II**

The period of duration shall be perpetual.

### **ARTICLE III**

This limited liability company is organized for the purpose of purchasing, selling, and managing real property and any such other purpose(s) allowed by law.

### **ARTICLE IV**

The street address of the principal office of this limited liability company and the mailing address of this limited liability company shall be **8834 Walbrook Road, Jacksonville, FL 32217**.

### **ARTICLE V**

The initial registered agent shall be **Jeffrey Chefan, located at 8834 Walbrook Road, Jacksonville, FL 32217**.

### **ARTICLE VI**

This limited liability company shall be managed by **Jeffrey Chefan (Member)**.

### **ARTICLE VII**

The names of the members of this limited liability company are: **Jeffrey Chefan and Jane Chefan**.

**IN WITNESS WHEREOF**, the undersigned member has executed these Articles of

((H06000261865 3)))

**FILED**  
06 OCT 26 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

((H06000261865 3))

Organization on the 26 day of October, 2006.

By: [Signature]  
Jeffrey Chefan, Managing Member

STATE OF FLORIDA  
COUNTY OF DUVAL

**BEFORE ME**, personally appeared **Jeffrey Chefan, Managing Member**, to me well known and known to me to be the person described in, and who acknowledged to and before me that she executed said document for the purposes therein expressed.

**WITNESS** my hand and official seal this 26<sup>th</sup> day of October, 2006.

[Signature]  
Notary Public  
My Commission Expires:



**Lydia Priest**  
Commission # DD580772  
Expires August 16, 2010  
Notary Trust Panel • Notary Public, Inc. 850-888-7919

((H06000261865 3))

((H06000261865 3)))

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE**  
**FOR THE SERVICE OF PROCESS WITHIN FLORIDA**  
**NAMING AGENT UPON WHO PROCESS MAY BE SERVED**

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST THAT WALBROOK LLC, DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT THE CITY OF JACKSONVILLE, STATE OF FLORIDA, HAS NAMED JEFFREY CHEFAN (Managing Member), located at 8834 Walbrook Road, Jacksonville, FL 32217, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE:

  
JEFFREY CHEFAN  
TITLE: Managing Member

DATE: \_\_\_\_\_

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER ACCEPT TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE:

  
JEFFREY CHEFAN

DATE: \_\_\_\_\_

((H06000261865 3)))