

L0800000 89277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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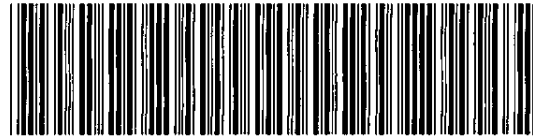
(Business Entity Name)

(Document Number)

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08 SEP 19 AM 10:46

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

08 SEP 19 AM 11:05

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

9/15/08

B. KOHR

SEP 19 2008

EXAMINER



CORPORATION SERVICE COMPANY

EFFECTIVE DATE 9/15/08

ACCOUNT NO. : 0721000000032

REFERENCE : 728061 7669540

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 125.00

FILED  
08 SEP 19 AM 11:05  
TALLAHASSEE, FLORIDA

ORDER DATE : September 18, 2008

ORDER TIME : 8:23 AM

ORDER NO. : 728061-025

CUSTOMER NO: 7669540

DOMESTIC FILING

NAME: WPB DOWNTOWN VENTURES, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Roath - EXT. 2955

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

EFFECTIVE DATE 9/15/08

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

WPB Downtown Ventures, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

4580 Donald Ross Road

Suite 105

Palm Beach Gardens, FL 33418

**Mailing Address:**

4580 Donald Ross Road

Suite 105-86

Palm Beach Gardens, FL 33418

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL 32301

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..*

Corporation Service Company

BY: Amanda Roath

Registered Agent's Signature (REQUIRED)

**Amanda Roath  
As its agent**

(CONTINUED)

Page 1 of 2

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**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

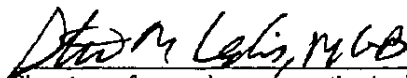
**Name and Address:**

_____	_____
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 9/15/08 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

STUART M Ledis, MGB

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)