

Division of Corporations

FAX AUDIT NO. H140001445933

Page 1 of 1

Florida Department of State
Division of Corporations
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.

(((H14000144593 3)))



H140001445933ABC+

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) 617-6383

From:

Account Name : MICHAEL J. FREEMAN, P.A.
Account Number : 072720000142
Phone : (305) 442-1567
Fax Number : (305) 442-1227

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****
Email Address: _____

FILED
2014 JUN 19 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
DEEP RIVER LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT NO.: H140001445933

<https://efile.sunbiz.org/scripts/cfilcovr.exe>

6/17/2014

850-817-6381

6/18/2014 8:18:25 AM PAGE 1/001 Fax Server



June 18, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MICHAEL J FREEMAN, PA

SUBJECT: DEEP RIVER LLC
REF: W14000037802

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Naysa Culligan
Regulatory Specialist II

FAX Aud. #: H14000144593
Letter Number: 114200013158

RECEIVED

14 JUN 19 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

DRFM LLC

ARTICLE II – Address:

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

Principal Office Address: 1000 E. 80 Place
Suite 700 North
Merrillville IN 46410

Mailing Address: 1000 E. 80 Place
Suite 700 North
Merrillville IN 46410

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUN 19 AM 8:29

FILED

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

M.J. E. Registered Agent Corp.
Name

153 Sevilla Avenue
Florida Street Address (No P.O. Box)

Coral Gables, FL 33134
City, State, and Zipcode

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 605, F.S..



Registered Agent's Signature
(Michael J. Freeman, President)

ARTICLE IV – Manager(s) or Managing Member(s):

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

Title:

"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

MGR

White / Peterman Properties, Inc.
100 East 80th Place, Suite 700 North
Merrillville, IN 46410

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in S. 817.155, F.S.)

Michael J. Freeman, authorized representative

Type or print name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization & Designation of Registered Agent

\$30.00 Certified Copy (Optional)

\$5.00 Certificate of Status (Optional)

FILED
2014 JUN 19 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA